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THE AGE LIMIT

By SARA E. PARSONS, R.N.

Superintendent of the Training School, Massachusetts General Hospital

There are some very able and influential nurses who maintain that an arbitrary age limit for the candidate who is to enter a training school is necessary. While few contend that twenty-three years is the youngest age that could be considered, as was the case twenty years ago, they do maintain that twenty-one or twenty-two years are absolutely essential and they maintain that this limitation is not only expedient but morally important.

Holding different views and believing that the nursing profession is losing many desirable applicants by clinging to this idea, I am moved to discuss the subject briefly from my point of view, which is developed as a result of all my past experience. I would open my argument by stating that one must first consider the school in which the candidate intends to train. If it still maintains a twelve-hour day and places the probationer immediately on the wards in charge of patients, with little instruction, as was the case in all schools several years ago, or if the hospital requires the pupil nurses to take the entire care of male patients, I should be one of the loudest in protesting that the older the probationer was, the better, and that twenty-three years of age was indeed rather questionably young for the introduction to such responsibilities, but assuming that the school has evolved an approximate eight-hour day, a thorough preliminary course, with a sufficient staff of instructors and supervisors, with orderlies to assist in the care of male patients, I do not hesitate to affirm that age need hardly be considered if the educational standard is sufficiently high and the students carefully chosen at the end of the probationary period, which should perhaps be flexible, not less than three months, and six or more if necessary.

My statistics show that about 40 or 50 per cent of the probationers who enter under twenty years of age are not accepted, but the statistics show also that of those accepted, the percentage of honor pupils in both

theoretical and practical work is very high. I would, of course, be glad if all these young women could complete a normal school or college course, but that is out of the question, and I rejoice in my young graduates and love to think how many years they have ahead of them in which to use their knowledge and to go on acquiring experience.

During the years in which I had the privilege of organizing training schools in hospitals for mental patients, I had to accept pupils under the age limit of general hospitals in order to get desirable nurses. Those with a high school education and the moral, social and intellectual qualifications such as I desired for this most important branch of nursing would inevitably have gone into the more popular general hospital schools if the doors had not been closed to them. Even in this work, where maturity would seem so necessary, these young women, carefully selected, did fine work. Their youthful buoyancy often acted as a tonic, and their ability to react after the more depressing experiences was a real asset in their favor. Even their ignorance of all the tragedy that was signified by the conditions with which they had to deal made it often possible for them to be helpful and enduring when older women would shrink helplessly from the work. I recall with great satisfaction a mother and daughter who graduated with credit in one class. The mother, a widow of thirty-nine, and the daughter of nineteen, started in the same class, and while there was nothing to criticise in the deportment of the mother, the daughter's was even more dignified and correct. Surely in my effort to get "good material" I sacrificed several revered traditions. At one time I had three sisters in the school and graduated them all without any serious difficulties as to discipline, and never have I had cause to regret these experiments.

At the beginning of the work here, before I had been persuaded that it was wise to establish any age precedent, a mother brought her daughter in to make application for entrance to the school. The girl had graduated from high school and was well developed physically, but she was only eighteen years of age. I talked of more study for the girl and the mother was quite willing to send her to Simmons College for the Nurses' Preparatory Course if I would accept her soon afterward. I hesitated, because she would then be barely nineteen years old, so the mother said, "Miss Parsons, I have sent Alice through high school and I can afford to send her to Simmons and to maintain her during her three years of training but I cannot afford to do any more for her, as I have three other children to educate. If you will not take her, I shall feel obliged to put her at some money-gaining occupation until you will take her, and I would much rather send her into your care than to have her go into some store or office where there could be no careful supervision." The mother's

argument seemed so natural that I hesitated no longer, but promised to take the daughter on probation. She has thus far been worthy of the trust placed in her.

Miss Nutting, whom we all know, has the nurses' best interest at heart, said in effect at our recent convention that as times have changed, economic conditions have changed, and we must adapt our views to conditions as they are, and that to her, the age of the applicant did not seem so important as the kind of a school into which the girl was to enter.

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THE CASE METHOD OF TEACHING NURSING

By SARA E. PARSONS, R.N.
Massachusetts General Hospital

DR. GEORGE S. C. BADGER has used the case method for several years at the Massachusetts General Hospital in teaching nurses. Twice a week he takes a group of nurses to the wards and divides them among the patients whom he has previously selected as subjects. Without reference to the clinical charts the nurses are expected to note all the objective symptoms of disease, to feel the pulse, and to be ready to tell Dr. Badger what they have seen. He quizzes them as to the possible significance of their observations and later gives them a lecture on the cases thus studied. These clinics are a most interesting, stimulating part of the curriculum.

Another adaptation of the case method was suggested to me one day when talking with Miss Ida Cannon of the Social Service Department. She was speaking of its use in law, medicine, and social training. I determined to get material as soon as possible and try it out on my seniors as a preparation for private duty nursing. The care of the patient is not the problem that confronts the well-prepared nurse in private practice. What puzzles and sometimes confounds her is the attending circumstances with which she must cope, and these are of such diversity that the ordinary hospital instruction is quite an inadequate preparation. Indeed, one actually hesitates to tell the innocent pupil the problems that may confront her and thus possibly frighten her or make too conspicuous certain phases of nursing life. The interest manifested by the class in these lessons and their real value leads me to tell of the experiment.

Several nurses who have had considerable experience in private work were kind enough to furnish me with descriptions of a number of situations in which they found themselves that involved some problems either professional, financial or moral. They would also state how they had dealt with the situation and what was to be learned from it. At class I would read a few of these cases to the nurses, who would write them down. They were instructed to consider them during the following week, and certain nurses were told to come to the next recitation prepared to discuss them. The next week these members of the class told how they would deal with such situations, and an open discussion would follow. The instructor ended the dis-

cussion by demonstrating why certain suggestions were fallacious or unethical and why others were worthy of commendation. The cases brought out the unexpected professional difficulties as well as the moral aspect of many of the unusual situations in which nurses may be placed.

Following are a few of the actual cases presented:

"If taking care of a patient where you have been invited to eat with the family, what would you do when you know that they are to have guests in for dinner?"

"What would you do if called on a case as second nurse and found a nurse already on the case who you knew had been dismissed from a training school for the offence of stealing?"

"What would you do in taking care of a surgical case in the country, an operation having been performed by a surgeon from the city, who left definite orders with you as to the after care of the patient, but did not have an understanding with the family doctor, who, in his turn, gave you orders quite contrary to those of the surgeon?"

"If you had been caring for a male patient in his own home and the doctor advised him to go to some resort for convalescence, and it was not convenient for the patient's wife, mother or sister to accompany you and the patient, what would you do?"

"If called to a woman who had an incurable cancer, unable to be moved from her bed, a question of only a few weeks before she must die, the patient dependent entirely upon her two sons, ordinary laboring men, for support, reserve funds exhausted by long illness, doctors' and nurses' bills, patient's room and bed in a filthy condition and alive with vermin, what would you do?"

The result of these lessons was to impress me very keenly with the great need of them. Most of the class were wholly unprepared for the ethical solutions of the different situations, although they had had an excellent course of lectures on private nursing.

They had been so thoroughly imbued with the obedient attitude of the necessity of always doing what they were asked to do, that it was a revelation to learn that they must be prepared under certain circumstances to protect themselves and their reputations. Being brought face to face with so many situations that nurses had been obliged to meet and manage alone, the pupils must have been impressed with the fact that when they leave the shelter of the hospital they cannot count on anyone's protection. They are launched into a community where each member is usually looking after his own interests, and the nurse will have need of all the wisdom that she may have acquired to solve her own problems.

The Grading of Nurses

Sara E. Parsons, R. N.

Massachusetts General Hospital, Boston



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I have tried to have an open mind and to consider impartially any advantages of a system of grading nurses, but I do not think we are yet striking at the root of the defect in our schools, and until we do get at the root of the matter time is more or less wasted in discussing less vital considerations.

Things have come to such a pass in many hospitals that applicants are not available out of which to make any grade of nurse. When we scan the records of the first schools of nursing we find a liberal ideal of what a school should be compared with the standards that exist in many of the so-called schools which have been established of late years; and it is not altogether a question of large or small, special or general hospitals, because we can find examples of each that are running perfectly successful schools, the graduates of which are rendering entirely good service to the community.

There is something the matter with the conduct or condition of schools that are not successful and whose graduates are not valuable members of the nursing profession.

It was considered necessary in the beginning, when nurses' schools were first organized, as in successful schools of the present day, to give a pupil nurse a thorough general training in the proper sense of the word, including medical, surgical and obstetrical training, at least.

The success of such schools has been such that hospitals of

all kinds, regardless of what they were prepared to offer, have started so-called schools; not only that, but in many instances they have established practically a non-payment system and a three years' course. It is not necessary in this audience to dwell in detail on this fact, because probably each one of us could tell of several schools whose only excuse for existing is to obtain cheap nursing service. It seems to me that very little account is taken of the direful consequences of graduating an army of incompetent, dissatisfied women, most of whom realize eventually that they are unfit to cope with the demands made upon them. Are these people, after their long years of hard work—no adequate recompense either in education or money—going to recommend others to follow in their footsteps?

We have lost the confidence of the public, and it is not willing that its sisters and daughters should enter the nursing profession if they have the talent or money to do anything else. We need to restore that confidence by making the nursing schools what they should be in every way.

Besides these unfortunate women is the more unfortunate public. It thinks a graduate nurse is a trained nurse; it is forced, if it employs the graduate nurse, to pay graduate charges and it is woefully humbugged and disappointed. Usually the nurses get the blame. Is it just? When hospitals changed from the old system of paid attendants to pupil nursing they assumed an educational responsibility in place of a business arrangement. Some of the hospitals met it more fairly than others and their schools have won deservedly good reputations. Those that have developed with the spirit of the times, that have weighed their duty to the patients against their duty to their pupils with an even hand, are not the hospitals that today are complaining of the nursing situation, so far as my observation goes.

Injustice to the nurse has been, in most cases, I believe, done unconsciously, owing to the traditional idea that hardship was an indispensable part of a nurse's life, and that anything done for the sick in or out of the hospital was justifiable at whatever cost to the doer.

It is my belief that before the nursing situation is better, hospitals must reform their nursing system effectually by searching out the fault in each system and doing what is needful at any cost.

Imagine a large business establishment opening a new department unless the managers knew where they could secure the people to run it. Can you imagine them saying among themselves, "There is a great demand on the part of the public for a book department," and another would say, "But we have not room, nor help, nor money enough as it is." Then the other might reply, "Oh, well, someone is willing to give us the money to build an addition, and we will require our clerks to come earlier, to stay later, to take less time for lunch, and will get more work out of them by giving them larger sections to look after. It will be good experience for them—it is their

duty to cater to the public and they will become more expert and alert."

How long do you think such an establishment would prosper? Someone may say that because the hospital is a charitable institution that the principle does not apply, that it is beneath our professional dignity to drag in commercial comparisons. Maybe so, but I can not see that there is justice in doing charity for some at the expense of others, nor in spending time and money alleviating pain and poverty while deliberately impoverishing the physical resources and professional efficiency of another class.

We see in some European countries the effects of false standards in relation to nursing work; in some countries popular sentiment is so against a living remuneration that it is a long and desperate struggle for the nurses to wrest themselves from the mother houses and to win for themselves proper training and a living wage. The effect on a community that accepts such sacrifices from any class of worker is demoralizing.

The day has come when we see the folly of work done under religious enthusiasm without practical thought of its worth or of the ultimate effect on the community that permits it.

If we are to believe the signs of the times, hospitals must face the necessity of regulating their affairs after ordinary humane, business methods in relation to the nursing department and there are two alternatives, financial or educational equivalent for service rendered.

There are a few nurses who can afford to give philanthropic work, but they are not likely to seek their training in hospitals where they are in danger of breaking down physically during the preparation for their work. When it comes to training women for the kind of nursing work that is demanded today, there is a minimum educational requirement necessary. A full high school course, or a good equivalent, with an elementary knowledge of Latin, chemistry, anatomy, physiology and bacteriology is not too much to ask—other things in the way of natural qualifications being equal is understood, of course.

Given this foundation, the hospital can build upon it a consistent structure of theory and practice that will produce satisfactory results. Wherever the preparation is less (except in cases of very bright minds) the hospital school must cumber its course with an unnecessary amount of elementary class work that might be devoted to subject matter attainable nowhere else than in the hospital.

The pupil who knows less than is indicated above is a dangerous person to entrust with drugs or diets as now prescribed.

It is possible for both high school graduates and college bred women to fail dismally at the work of nursing. It would seem that common sense and tact are not necessary in school or college, but they are absolutely indispensable for the successful nurse; but common sense, valuable as it is, will not make up for lack of arithmetic or chemistry. In my opinion the college woman needs as much of the practical experience in nursing as the less educated woman—sometimes more, if

she has always been a student and has never learned to use her hands or to put her theory to practical uses. Her advantage lies, other things being equal, in the breadth and depth of her mental and social experience, which will enable her to apply her professional knowledge, once gained, to better advantage.

It would be foolish for a highly educated woman to spend three years in a school where much of the time was given to elementary work with which she was already familiar, but in any first-class hospital school there is more than enough valuable experience to fill out three years profitably with proper class work, reasonable hours and good living conditions. The modern preliminary course takes from three to six months of the time, which is spent mostly in the class room, where students practice nursing methods before working with patients. Then they must have time to become reasonably proficient and familiar with the several branches of general work. When one considers the number of these specialties that the term "general" includes, one realizes that a three years' course is none too long.

The high school graduate needs all this, too, and more, if she wishes to qualify as an instructor or executive. The three years, however, give a good working knowledge on which one can build according to her ability and ambition.

As to those people who need trained attendants, it should be an easy matter. All superintendents of nurses know young women who can never be persuaded that one-thirtieth of a grain is not one-half as much as one-sixtieth, who can never be taught what relation sugar and starch bear to carbohydrates, and who are grieved beyond words when criticized for giving crackers in a starch-free diet. Yet some of these young women are reliable as far as their knowledge goes, they can make comfortable beds, give good baths, and will give medicines according to directions so long as no troublesome fractions are involved.

Properly trained in the manual part of nursing, these people might be invaluable attendants where no serious responsibility must be assumed. I should like to see such young women trained and after a year's course where elementary nursing and domestic science were taught, certificated to work as attendants or home helpers. The schools that could attract candidates capable of training as nurses would naturally prefer to do so, some might train both attendants and nurses, others simply attendants.

Some hospitals already realize that they must employ graduate nurses and the hospitals that should train attendants would require a strong graduate staff.

After thinking the subject over carefully, it is my conclusion that this solution is simpler than that of grading nurses.

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THAT training schools for nurses are not doing the greatest good to all the community, as at present conducted, is not to be denied, but all the reasons why this is so are not easily stated. The problem appears to be the need of cheap service for the sick public and in the hospitals a sufficient number of suitable applicants for the nursing staff. The solution of the problem is of sufficient importance to warrant the earnest thought and cooperation of both lay and professional people. The fact that pupil nursing seems to have been so satisfactory to the doctors and to the patients in places where it has been tried would appear to prove that expert nursing is not absolutely necessary in the majority of cases. Nurses themselves who should be the best judges are rightly opposed to this way of meeting the public need because of the educational injustice to the pupils. All attempts along this line are proving failures.

I have tried to have an open mind and to consider impartially any advantages of a system of grading nurses, but I do not think we are yet striking at the root of the defect in our schools, and until we do get at the root of the matter time is more or less wasted in discussing less vital considerations.

Things have come to such a pass in many hospitals that applicants are not available out of which to make any grade of nurse. When we scan the records of the first schools of nursing we find a liberal ideal of what a school should be compared with the standards that exist in many of the so-called schools which have been established of late years; and it is not altogether a question of large or small, special or general hospitals, because we can find examples of each that are running perfectly successful schools, the graduates of which are rendering entirely good service to the community.

There is something the matter with the conduct or condition of schools that are not successful and whose graduates are not valuable members of the nursing profession.

It was considered necessary in the beginning, when nurses' schools were first organized, as in successful schools of the present day, to give a pupil nurse a thorough general training in the proper sense of the word, including medical, surgical and obstetrical training, at least.

The success of such schools has been such that hospitals of

all kinds, regardless of what they were prepared to offer, have started so-called schools; not only that, but in many instances they have established practically a non-payment system and a three years' course. It is not necessary in this audience to dwell in detail on this fact, because probably each one of us could tell of several schools whose only excuse for existing is to obtain cheap nursing service. It seems to me that very little account is taken of the direful consequences of graduating an army of incompetent, dissatisfied women, most of whom realize eventually that they are unfit to cope with the demands made upon them. Are these people, after their long years of hard work—no adequate recompense either in education or money—going to recommend others to follow in their footsteps?

We have lost the confidence of the public, and it is not willing that its sisters and daughters should enter the nursing profession if they have the talent or money to do anything else. We need to restore that confidence by making the nursing schools what they should be in every way.

Besides these unfortunate women is the more unfortunate public. It thinks a graduate nurse is a trained nurse; it is forced, if it employs the graduate nurse, to pay graduate charges and it is woefully humbugged and disappointed. Usually the nurses get the blame. Is it just? When hospitals changed from the old system of paid attendants to pupil nursing they assumed an educational responsibility in place of a business arrangement. Some of the hospitals met it more fairly than others and their schools have won deservedly good reputations. Those that have developed with the spirit of the times, that have weighed their duty to the patients against their duty to their pupils with an even hand, are not the hospitals that today are complaining of the nursing situation, so far as my observation goes.

Injustice to the nurse has been, in most cases, I believe, done unconsciously, owing to the traditional idea that hardship was an indispensable part of a nurse's life, and that anything done for the sick in or out of the hospital was justifiable at whatever cost to the doer.

It is my belief that before the nursing situation is better, hospitals must reform their nursing system effectually by searching out the fault in each system and doing what is needful at any cost.

Imagine a large business establishment opening a new department unless the managers knew where they could secure the people to run it. Can you imagine them saying among themselves, "There is a great demand on the part of the public for a book department," and another would say, "But we have not room, nor help, nor money enough as it is." Then the other might reply, "Oh, well, someone is willing to give us the money to build an addition, and we will require our clerks to come earlier, to stay later, to take less time for lunch, and will get more work out of them by giving them larger sections to look after. It will be good experience for them—it is their

duty to cater to the public and they will become more expert and alert."

How long do you think such an establishment would prosper? Someone may say that because the hospital is a charitable institution that the principle does not apply, that it is beneath our professional dignity to drag in commercial comparisons. Maybe so, but I can not see that there is justice in doing charity for some at the expense of others, nor in spending time and money alleviating pain and poverty while deliberately impoverishing the physical resources and professional efficiency of another class.

We see in some European countries the effects of false standards in relation to nursing work; in some countries popular sentiment is so against a living remuneration that it is a long and desperate struggle for the nurses to wrest themselves from the mother houses and to win for themselves proper training and a living wage. The effect on a community that accepts such sacrifices from any class of worker is demoralizing.

The day has come when we see the folly of work done under religious enthusiasm without practical thought of its worth or of the ultimate effect on the community that permits it.

If we are to believe the signs of the times, hospitals must face the necessity of regulating their affairs after ordinary humane, business methods in relation to the nursing department and there are two alternatives, financial or educational equivalent for service rendered.

There are a few nurses who can afford to give philanthropic work, but they are not likely to seek their training in hospitals where they are in danger of breaking down physically during the preparation for their work. When it comes to training women for the kind of nursing work that is demanded today, there is a minimum educational requirement necessary. A full high school course, or a good equivalent, with an elementary knowledge of Latin, chemistry, anatomy, physiology and bacteriology is not too much to ask—other things in the way of natural qualifications being equal is understood, of course.

Given this foundation, the hospital can build upon it a consistent structure of theory and practice that will produce satisfactory results. Wherever the preparation is less (except in cases of very bright minds) the hospital school must cumber its course with an unnecessary amount of elementary class work that might be devoted to subject matter attainable nowhere else than in the hospital.

The pupil who knows less than is indicated above is a dangerous person to entrust with drugs or diets as now prescribed.

It is possible for both high school graduates and college bred women to fail dismally at the work of nursing. It would seem that common sense and tact are not necessary in school or college, but they are absolutely indispensable for the successful nurse; but common sense, valuable as it is, will not make up for lack of arithmetic or chemistry. In my opinion the college woman needs as much of the practical experience in nursing as the less educated woman—sometimes more, if

she has always been a student and has never learned to use her hands or to put her theory to practical uses. Her advantage lies, other things being equal, in the breadth and depth of her mental and social experience, which will enable her to apply her professional knowledge, once gained, to better advantage.

It would be foolish for a highly educated woman to spend three years in a school where much of the time was given to elementary work with which she was already familiar, but in any first-class hospital school there is more than enough valuable experience to fill out three years profitably with proper class work, reasonable hours and good living conditions. The modern preliminary course takes from three to six months of the time, which is spent mostly in the class room, where students practice nursing methods before working with patients. Then they must have time to become reasonably proficient and familiar with the several branches of general work. When one considers the number of these specialties that the term "general" includes, one realizes that a three years' course is none too long.

The high school graduate needs all this, too, and more, if she wishes to qualify as an instructor or executive. The three years, however, give a good working knowledge on which one can build according to her ability and ambition.

As to those people who need trained attendants, it should be an easy matter. All superintendents of nurses know young women who can never be persuaded that one-thirtieth of a grain is not one-half as much as one-sixtieth, who can never be taught what relation sugar and starch bear to carbohydrates, and who are grieved beyond words when criticized for giving crackers in a starch-free diet. Yet some of these young women are reliable as far as their knowledge goes, they can make comfortable beds, give good baths, and will give medicines according to directions so long as no troublesome fractions are involved.

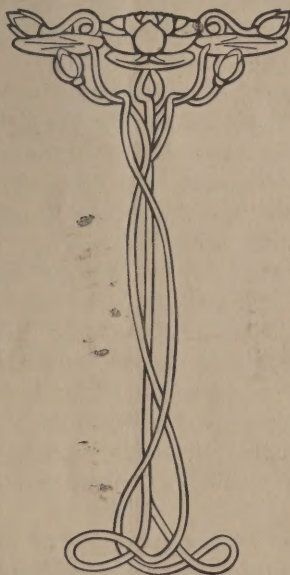
Properly trained in the manual part of nursing, these people might be invaluable attendants where no serious responsibility must be assumed. I should like to see such young women trained and after a year's course where elementary nursing and domestic science were taught, certificated to work as attendants or home helpers. The schools that could attract candidates capable of training as nurses would naturally prefer to do so, some might train both attendants and nurses, others simply attendants.

Some hospitals already realize that they must employ graduate nurses and the hospitals that should train attendants would require a strong graduate staff.

After thinking the subject over carefully, it is my conclusion that this solution is simpler than that of grading nurses.

Annie H. Smith

*The Organization of
Modern Training
Schools for Nurses.*



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It was not many years before untaught teachers of nurses felt their own defects, and the necessity of a better general and professional education, especially for those who were to take charge of training schools.

However, the practical knowledge that has been given in hospitals from the first has made nurses so valuable that with all their educational defects they have literally been thrust into all sorts of responsible positions, and the hospital schools in an honest effort to prepare their pupils for future work have, in many instances, incorporated, not only anatomy, physiology, hygiene, materia medica, dietetics, massage, bedside clinics, but some chemistry, bacteriology and even voice culture into their curricula.

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Several years ago Miss M. E. P. Davis, Mrs. Hunter Robb and several other promoters of a better education for nurses, promulgated the idea of a central nursing school where everything that could be taught outside a hospital should be; after this theoretical course, for which the students pay, they were to be sent to the hospitals for their practical nursing experience.

This excellent idea has never materialized.

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It would seem as if such schools could be most economically established in connection with colleges and universities. Simmons College, Boston, for instance, with its nurses' preparatory course and its domestic science department, might easily expand sufficiently to include materia medica, bandaging and nursing demonstrations. Any medical college could easily create a department of nursing and a few are doing so in an elementary way.

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The percentage of college graduates among nurses is yet small because women are still sufficiently behind men not to realize that a college education is only a thoroughly satisfactory foundation on which to build a professional structure. Also, because nursing opportunities, strange as it may seem, are not universally appreciated.

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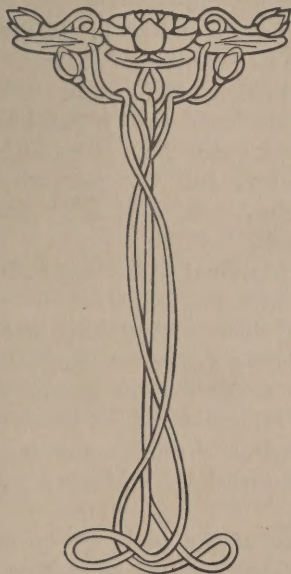
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The time is surely coming when those who donate money for the establishment of hospitals will allow a sufficient endowment to provide nursing care, as has been done at the Rockefeller Institute, and also the time is surely coming when women will expect and will be required to pay for the fundamental theoretical foundation of their education.

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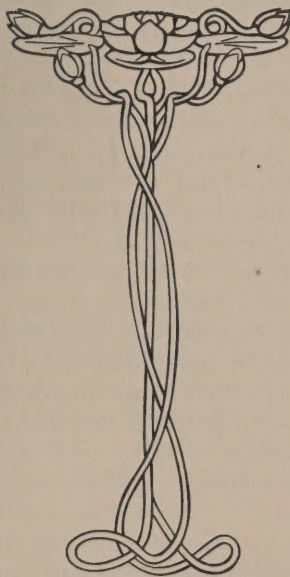
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cles. Fatigue comes, at least to some extent, from the presence of so-called fatigue substances in the muscles. Among these substances are carbonic acid, lactic acid, and acid phosphate. Physiology teaches us that the removal of the fatigue substances and the influx of fresh blood bearing oxydizable material works restoratively on the muscle. Zabłudowsky demonstrated experimentally that effleurage could dispel fatigue, not only as successfully as rest could do so, but in less time. Upon a fatigued arm muscle effleurage was used for five minutes, after which the patient could again work with his arm. Otherwise, at least fifteen minutes rest was necessary before he could do the same amount of work. A certain musical director used to have effleurage for his arm before conducting because after such treatment he could beat time longer without getting tired.

The first effect of abdominal massage is upon the voluntary muscles of the walls, but its most important influence is upon the smooth muscle fibers of the alimentary canal. The glands connected with the digestive tract are stimulated also. Assimilation is increased and in most cases the appetite is improved by abdominal massage. Constipation is relieved, not only by direct pressure on the intestines, especially the large intestine, but also by the improved glandular activity. The latter may be caused, to some extent at least, by stimulation of the nerves of the canal.

Massage produces increased combustion in the tissues, causing carbon dioxide to be given off. The natural result of this is to increase the work of the lungs, making inspiration deeper and expiration fuller. Thus, not even the respiratory system escapes the beneficial effects of massage.

It remains to discuss the effect of massage on the nervous system. The effect upon this system is obtained in two ways, either by strokes directly over the course of the large nerve trunks, for example the supra-orbital or sciatic, or through the nerve endings in the skin, as has been described already. Through both, an influence is exerted to some extent upon the central system. In treatment of the nervous system, more than that of any other, the kind and force of the treatment must be considered. The treatment may have directly opposite effects administered firmly from those caused by gentle strokes. Weak pressure on a nerve arouses its activity, moderate pressure increases it, but still stronger pressure lessens its activity; while a very strong treatment may prevent it altogether. It is certain that treatment of the affected nerve relieves neuralgia. But it is doubtful why this result is gained. It seems possible that firm pressure upon an already stimulated nerve may prevent its activity and thus give the rest that

relieves the pain. Such pressure upon a healthy nerve may, however, stimulate it to over-activity and cause an artificial neuralgia. This effect has been produced and whether the reason suggested is correct or not, there is no doubt that nerve treatment must be undertaken with the utmost care and by skilled hands. The effect of massage on the nervous system is communicated to every system of the body. And every massage treatment must influence the nervous system to some extent. The result is usually delightful, sedative and tonic. During massage treatment most patients are in a state of repose. Generally those who relax to their treatment enjoy it and feel gloriously indifferent, and needless apprehensions are dispelled. But without the sympathetic touch the masseur may fail to cause these desirable results and produce, instead, quite opposite effects. The sympathetic touch is inborn and cannot be taught nor explained. It can be improved but it cannot be acquired if it is not there. It is a mystery. But knowledge of the nervous system from every standpoint is more or less shrouded in mystery; as is also the interaction of the nervous system of one person on that of another, whether the influence is carried by the laying on of hands in massage, or in the friendly hand clasp, or across infinite space. But a discussion of the physiological effects should not enter the field of psychology and philosophy.

NECESSITY OF A BACKGROUND

By SARA E. PARSONS, R.N.

Boston, Mass.

Any artist will tell you that the background of his work must be just right or his picture will be a failure. It is a thing to be considered. The background is not the principal part of the picture but it can spoil it. Its purpose is, as I interpret it, to bring into effective relief the rest of the work; in itself it may and probably will be inconspicuous and give no hint of the time and thought expended upon it.

Thus in nursing work actuated by the "professional motive," to quote Florence Nightingale, "is the desire and perpetual effort to do the thing as well as it can be done, which exists just as much in the Nurse as in the Astronomer in search of a new star or in the Artist completing a picture." It seems to me that a nurse often thwarts her object by going at her work in a too haphazard sort of way. Instead of looking ahead and considering what she ultimately wishes to accomplish, she is too apt to accept what offers immediately after graduation without considering whether that will be the best thing in relation to what she hopes eventually to do.

My advice to all seniors is to carefully consider the field of possibilities open to them, to consider their own talents and aspirations and to do it as single-mindedly as if there were no question but that their lives were to be given to professional activities. The possibility of matrimony has wrecked many a career by hovering about the young woman, distracting her interest and proving in the end to be an illusion.

If a young graduate wishes to be an executive, it is very important for her to have several months' experience as head nurse of a ward or as an assistant superintendent in a small hospital before she tries private nursing. This is to establish confidence in herself; otherwise, if she does private work for any length of time she is often too timid to undertake a position that involves responsibility of other people's work and besides that, a superintendent seeking a head nurse or assistant would always prefer someone who had already had some experience. The new graduate knowing the doctors and the "red tape" of the hospital is more likely to succeed as a head nurse than one who has been out of the school for some time, unless she has already made an executive reputation.

One's experience before entering the training school will make some difference as to the time she must spend before advancing to a very important position. While creating a background it is desirable to work in more than one hospital. It is a remarkable person who can do her best work by staying continuously in one place. The inclination under such circumstances is to contract rather than expand. It is a good thing to have some experience for purposes of comparison.

For those who cannot create or for those who have not a prophet's vision, and the majority are not of that class, it is a great gift to be able to discern the excellencies in other people's work and to know how to adapt or to graft on new methods to familiar systems.

We should all be eager to give and take. The nurse who wishes to "corner" a good method for her own hospital or school solely, ceases to be truly professional. Many nurses call on me to talk about the administration course. Often they have done private nursing for several years, have tired of it and decide that they want some desirable executive position. When I tell them that they should spend at least two or three years in building up executive experience in a subordinate capacity before even taking the administration course, they are usually much surprised. They are firmly convinced that as old graduates they should be able to leap into something large and lucrative.

The trouble is that they haven't painted in the right background and they really need to begin where the new graduate begins, so far as preparing for executive responsibility is concerned. Age and

experience such as one gets in private practice are assets if the opportunities have been rightly used, but in themselves, are not sufficient. In preparing the background for one's best work a nurse should remember that from graduation she should keep abreast of the professional literature and participate in her professional organizations. If one does not keep up with history in the making it is difficult to catch up later. The old graduate who does not know one nursing organization from another, who could not tell you who Isabel Hampton Robb was, who has not helped in securing registration, who has no interest in the improvement of nursing education is not the kind of executive that is sought for in important positions. The friendships that a nurse makes when working with others are a great comfort as the years go by.

The nurse who never writes a paper or expresses an opinion at the alumnae meetings is not building in a good background. The best way to prepare for public speaking or writing is to get so full of some nursing interest that one has to speak for it and to feel one's duty so strongly toward helping the nursing journals and nurse conventions that one has to write, no matter how hard it seems.

Social preparation is often neglected by the nurse who aspires to hold an important position some day. The executive who has the broadest usefulness is one who not only is an expert in her own line but one who has points of contact with the men and women with whom she has to deal.

To hear good music, to see good pictures, to travel, to meet other people of different professional interests, is to prepare oneself for more effective service. The business man or woman can give us ideas and we need their point of view in order to solve many of our own problems.

THE TRUSTEESHIP OF TRAINING SCHOOLS¹

By HENRY L. HALL

Chairman Training School Committee, Muhlenberg Hospital, Plainfield, N. J.

The active hospital worker is constantly impressed by the surprising lack of knowledge displayed by the majority of the public respecting hospitals and training schools for nurses. Generally speaking, the public have little notion of the machinery and mental equipment required to run a hospital and training school. They know there is a managing board of some kind, a good, motherly-looking person in

¹ An address to the graduating class of Jersey City Hospital Training School for Nurses, Jersey City, N. J.

ENCOURAGING SIGNS IN NURSING EDUCATION

By SARA E. PARSONS, R.N.

Massachusetts General Hospital, Boston

When one becomes submerged in one's own burdens and problems and feels that everything is going to the bad, a condition into which earnest, hard-working women who are face to face with the stern realities of life are more apt to get than men, it is well to stop a little while and look over the situation as a whole. In the nursing world there is plenty to discourage those who are trying to improve conditions, unless they look beyond the petty obstacles to progress in their own environment. But imagine a profession only fifty years old growing out of the past full of traditions incompatible with modern requirements! What can one expect?

Begun in an apprenticeship system that required practically nothing on the part of the hospital except tolerance, without any definite system or plan that united one school with another, we find a chaos out of which correspondence schools and other abuses were bound to grow. We are so close to the original methods that it isn't necessary to call attention to the defects of our schools of the present day. While we are trying to build up standards, to secure endowments, to equip classrooms, to furnish trained, paid instructors, to shorten hours, to create refined and restful living conditions we need to stop occasionally and take account of our blessings.

Our old system, which we are beginning to shake off in order to rescue ourselves alive, created some splendid nurses who have taken what was good from the old and have a vision that inspires them to work unceasingly to reconstruct the old system to meet the new demands. Perhaps it is superfluous to call attention to these demands but through state registration, etc., it is now quite generally understood that a trained nurse should have had certain definite theoretical instruction covering elementary anatomy, physiology, hygiene, bacteriology, dietetics, therapeutics, medicine, surgery, pediatrics and obstetrics, with various special branches; also an opportunity to get practical training in the actual care of medical, surgical, obstetrical and pediatric cases.

Until 1903, nursing education was not recognized by the state, but since the first bill secured in 1903, thirty-seven states have established nurse examining boards. Unfortunately in most instances state exami-

WAR NEWS

We give our readers in this issue of the JOURNAL two very interesting reports of war conditions abroad and regret that we cannot promise a series of such articles. Owing to the attitude of neutrality which our country has assumed it is impossible for our nurses who are abroad to write in detail of their work. *The British Journal of Nursing* is under no such restrictions and those who wish to follow in detail nursing work at the front will find in its pages fresh and full reports from the English nurses who are serving in various places. Its office is at 431 Oxford Street, London, W.

A NEW COURSE IN SCHOOL NURSING

The official announcement in our news columns of a special course in school nursing at Teachers College will interest many nurses who are seeking the best way to prepare themselves for this work. The new note which is struck in the announcement is that of provision for the teaching of normal diagnosis. While nurses become familiar with many manifestations of disease during their hospital courses, they do not always know as well the manifestations of health or the early deviations from the normal to be seen in the incipient stages of many childish ailments. This will add to the value of the course.

THE JANUARY MEETINGS

During the third week in January, as is usual, committee meetings will be held in New York City of the Executive Committee of the American Nurses' Association, of the JOURNAL directors, the Robb Committee and probably of many others closely associated with these. All matters of business to be presented at these meetings should be placed in the hands of the proper officials before that time.

nations are not compulsory, though some pressure is exerted directly by nursing associations. Through the opposition aroused by the enactment of these laws, the strength of correspondence schools and commercial interests which are involved in the exploitation of cheap nursing service has been disclosed. It is the disclosure of these conditions that has been discouraging but in reality it is far better to know the truth than to cherish illusions. We are being forced to recognize that the time is quickly coming when the word "nurse" itself must be protected by legal enactment. Until everyone who calls herself a nurse is required to have the education now generally recognized as necessary for the trained nurse, so long will pseudo-schools flourish in their nefarious activities. The fact that nurses as a body stand so unitedly for better standards is the assurance that they will win. Whereas a short time ago nurses stood almost alone in their efforts to standardize nursing education, we now find men eminent as educators, physicians and occasionally hospital trustees, decidedly endorsing the position taken by the nurses, recognizing the possibilities in their services if they be properly equipped and ready to assist in securing the needed reforms. Among those men endorsing the modern movement who are themselves connected with hospitals that maintain schools, are Dr. Winford H. Smith, Dr. Frederic A. Washburn and Dr. Joseph Howland. Dr. Richard Olding Beard of the University of Minnesota, Dr. James Murphy and Dr. George Dock of Washington University, and Dr. C. E. A. Winslow of Columbia have written strong papers in favor of advanced nursing education. It is more and more common to find up-to-date doctors who take the greatest interest in instructing nurses to the limit of the time allowed and of the capacity of nurses to assimilate.

Within my own personal experience during the last four or five years I have known several training schools to equip class rooms and to furnish instructors, whose sole duty is to instruct carefully after the most approved methods.

There are nine universities that have taken the training of nurses as a part of their work and some of them confer a degree upon the graduates of the nursing school.

Nurses have, in a few instances, been placed by governors on state commissions. They are called into many varieties of work, particularly into important executive positions representing large responsibilities. Public health work calls for nurses in the schools, factories, districts, dispensaries, etc.

Very recently I have known personally of schools connected with large, with small and with special hospitals that had almost expired,

revive with the most promising vigor in response to a reorganization that placed the school on a worthy basis. The demand for well-educated, refined and thoroughly-trained nurses is such that salaries have doubled within the last twenty years. During this season of financial and business depression the capable nurse is singularly exempt from the prevalent hard times.

We owe more to the Department of Nursing and Health in Teachers' College for the awakening of interest in nursing education than to any other cause. This department was established about fourteen or fifteen years ago by a group of enthusiastic, ambitious nurses through the liberality and coöperation of Columbia University. It started with a class of two students. The classes have grown until the enrollment this year is sixty-seven. The students are women who realize through experience their need for better preparation as executives, instructors and health workers. They go from the college to all parts of the country, carrying their ideals of thoroughness, educational efficiency and of justice to the student nurse as well as service to the patient and the doctor.

More college women are coming into the training schools every year. Nursing magazines and text-books edited by nurses are rapidly increasing in number and excellence and there is every reason to believe that within a few years nursing will be looked upon as a profession requiring not only the angelic virtues but ability and education.

THE CONQUEST OF CONTAGION¹

By CHARLES FLOYD BURROWS, M.D.

Syracuse, N. Y.

The Biblical history of the Garden of Eden records many interesting things. A careful search of it, however, fails to reveal any mention of the nursery days of Adam and Eve's children. Probably though, it is safe to assume that like the youngsters of today they suffered from measles, mumps, whooping cough, scarlet fever and other catching maladies, for without doubt it was at this early era in the world's development that contagious germs of all kinds began to sit up and take notice of the physical realm they were maliciously to invade. Ever since those far off days down to the present time mankind has been unmercifully flayed by the diseases which infectious bacterial

¹ Read at the thirteenth annual meeting of the New York State Nurses' Association, Syracuse, N. Y., October 21, 1914.

THE STUDENT NURSE

By SARA E. PARSONS, R.N.

Boston, Massachusetts

Nurses cannot avoid exercising a moral influence. They exercise it by their characters—it is what a nurse is in herself and what comes out of herself, out of what she is (almost without knowing it herself) that exercises a moral or religious influence over her patients.—*Life of Florence Nightingale*, by E. T. Cook.

The duties of a student nurse are to put in practice what she has been taught as a probationer and to adapt herself to conditions that she has had a chance to study and has accepted. There will be many difficulties, because work can go on in the classroom in a routine manner, without interruption, on the ward, equipment sometimes gives out and there are all sorts of unexpected complications. The pupil nurse finds herself confronted with several things all to be done at once! A new patient to be received, a patient to be sent to the operating room, medicines to be given, a medical visit to be attended and so it goes.

Honor and Courage.—It is this sort of thing that develops the nurse's judgment and self possession. To know what to do first and how to dovetail the various tasks is an art. When the young nurse finds she cannot do all that is expected of her, or that she has forgotten to take a temperature or give a medicine, she has to have moral courage enough to be honest about it.

Reputation.—The unscrupulous nurse is the one who will do surface work, who records fictitious temperatures and baths, expecting to escape detection by the officers who dislike to ask patients whether the nurse has really done these things, thereby seeming to discredit the nurse. Such a nurse is soon recognized by other pupil nurses and owing to a widespread dislike of tale bearing the knowledge is not reported. Patients, unfortunately, have a fear of reporting nurses, expecting if they do that, the nurses "will take it out of them!"

Ideals.—This is the time when a nurse must cherish her ideals of honor and of service, for the first year, particularly, will be very hard in a busy hospital. But an effort to do all the mechanical part of the work expeditiously and as taught will soon show results. There will, however, be ever new phases of nursing responsibilities and until the pupil has had three or four months of service on a medical and on a surgical ward with night duties on each, she will feel very much a novice. After the first year she will feel more competent and will adapt herself

clothing, books, toys, etc., by another person several days or weeks later. A commission once reported definitely that yellow fever had been brought into New Orleans in a shipload of stone from Cuba. That report was accepted and credited, simply because it seemed the only connecting link with other cases. We know now that this disease is communicated only through the bite of a mosquito, in the same manner as malaria is communicated. I am sure you are all familiar with, and still occasionally hear expounded, the low marshy land theory of the origin of malaria. What an enlightened age we live in! One important point I wish to emphasize is, that although the fundamental principle of operation under this theory is a constant factor, yet the working out of details must be fitted to the individual hospital, particularly is this true of hospitals not especially built to carry out the technique. The developing of this technique in an institution requires, first of all, a thorough understanding of the basic principle, and then merely being consistent. The same is true in its application to care of patients in private houses.

Strictly speaking, we could take care of a number of different diseases in the same room, provided that at least six feet of space on either side of each patient were allowed, and provided that each unit is absolutely divorced from the others. However, a chain is no stronger than its weakest link, and bearing in mind the varying degrees of carefulness and intellect of those coming more or less in contact with the patients, it seems wiser to place the different diseases in separate rooms.

In the carrying out of isolation, etc., in the homes, many problems are met and we find many grotesque inconsistencies on the part of health officials and others. One most glaring weakness is the isolating of the diphtheria patient in a family, meanwhile allowing other members of the family to go and come at will without culturing their throats to find carriers. The antiquated custom of hanging sheets soaked in antiseptic solution in doorways to prevent the supposed passage of germs from room to room can have no effect unless it be to remind other members of the family to keep out. The portals of entry of infection into the body are almost entirely the mucous membranes, principally the nose and throat. The normal skin is impervious to all of the so-called contagious diseases. Whether the disease develops or not depends entirely on the degree of specific immunity resident in the receptor. The term medical asepsis applies to the technique developed to carry out the principles of the contact theory.

more easily to the different departments until she comes to the operating room, where again she will feel like a probationer.

The pupil nurse, in order to be successful, must concentrate her mind absolutely on her work. She must endeavor to master the duties that are assigned to her as soon as possible and then she should take an intelligent but not intrusive interest in all the other patients and ward activities. She may be caught alone on the ward at almost any time and be confronted with an official visit. If she can answer inquiries intelligently she can feel that she is getting on.

Observation.—As she becomes familiar with the ward, she will naturally observe the work of the head nurse and of the other assistants. She will see that some do their work methodically, accurately and intelligently; that others run to and fro without accomplishing much, that they are forgetful and sometimes indifferent and unreliable. The observer can profit by her observations. From everyone she may learn something good and as to their faults, she can learn what not to do or be. She must study the needs of her patients, anticipate their wants, show a helpful rather than a critical spirit toward others, read up her cases and the medicines and other treatments, learning as she goes on about what she is doing, why she is doing it, results to be looked for, and note deviations from the normal. There is great danger of doing the work mechanically.

Thoughtlessness.—For illustration, one may see in any hospital, some kind, well educated and intelligent nurse serve a tray to a one-armed or helpless patient without preparing the food, so that he can get it; she will hurry away and never realize until she returns for the tray what she neglected to do. This is not because she is naturally unintelligent or unkind, but because she has concentrated her attention on getting the meal served as soon as possible and is mentally oblivious to the personal side of the work. This one sees in many ways; we have eyes to see and ears to hear, but if the apperceptive part of the brain is not recording impressions, the proper motor reaction does not take place.

Our hospital systems are doubtless much to blame for many of the defects of our nurses. Often our equipment is inadequate, the working arrangements inconvenient, the demands upon the nurses unreasonable, but good nurses have been evolved out of these conditions and perhaps they have been better because of the obstacles to be overcome.

Imagination.—If we could think of each patient as if he were in some way of special personal interest to us, imagine him even the relative or employer of some dear friend, we should see him with a more illuminating comprehension. If he doesn't speak English, we should see that

someone visits him who can interpret; if he has the use of one hand only, that his food is cut up. We should see that his personal belongings are safely cared for. We should realize that to him, his spectacles, his false teeth, etc., have more than their intrinsic value and we should see that he is as comfortable and happy in the hospital as it is possible to make him by good care and kind words.

Reliability.—The diagnostic use of scientific experiments and the educational use of modern research in our hospital make it highly necessary that nurses appreciate scientific accuracy. The hours that are wasted in the laboratory on account of errors in the procuring of specimens is appalling. The nurse should realize this and, if found deliberately unreliable, she should be excluded from the school.

Moral influence.—Nurses are so taken for granted in our hospital wards that their moral influence is scarcely appreciated. If the attitude of the nurses towards the patients is humane (not sentimental), even the hurried and sometimes abrupt visiting man will react to it. Unnecessary exposure should be avoided. The patient should be prepared for the necessity of the routine physical examinations, by a simple, kindly explanation from the nurse or doctor.

Judgment.—In this early stage of the nurse's career she should not be too sure of her own judgment concerning many things. She sees hospital life from one point of view only and with very limited experience. Many of a nurse's worst grievances are those that she adopts in behalf of some friend. She hears the friend's side of the story and concludes that an injustice has been done. She hears rumors and thinks they are true. She thinks she detects bad management on the part of the training school office and thinks she could have planned better. There are dozens of considerations affecting every situation that call for judgment and only those who are in a position to comprehend the whole field can realize the difficulties in arriving at wise and just conclusions. The young nurse may be sure that the head nurses and officers chosen are the best available and in their more respective positions are trying to do the right thing.

Sensitiveness.—A nurse should not wear her feelings too near the surface, she comes too close to people just as they are to expect always to receive personal courtesy or consideration. The preoccupied chief will neglect to say good morning. The anxious over-strained surgeon, be he ever so much of a gentleman, may use abrupt, rough and sometimes unjust language, under temporary vexational stress. The executive may be from much experience over suspicious or autocratic, but the true nurses will, as did Florence Nightingale, under much more trying circumstances, bear all "for the sake of the work." Here and

there we shall work with big souls who may also be big in a professional way and to help such will be a privilege worth all the other necessary hardships.

Co-workers.—One of the chief values of training in a large hospital is the opportunity of working with so many who come from various parts of the country. It is an education in itself to know intimately numbers of persons outside one's own particular circle. That the students have different religions, have been educated in various schools and colleges, have had such varying social experiences, makes for a fine democracy when they meet together with the determination to learn from each other and to establish harmonious relationships while working for a common cause towards the same goal.

When we find a school containing self-supporting students working congenially with those who are liberally supplied with money, and neither making the other feel uncomfortable, it is a sign that we have come down to realities where it is character and mutual interests that count. It is good training for a young woman to have to live on a limited income and if she be brave enough to rise above envy or covetousness, she will be a stronger and happier woman as a result of her self-denial. On the other hand, the girl who might live in luxury and spend her time in the pursuit of pleasure, but who voluntarily elects to assume hard, exacting duties, and a simple manner of life for the sake of a good preparation for usefulness, has qualities that mark her as a woman who will leave the world better than she found it.

It pays to look for good in everyone, to keep one's faith in the essential soundness of human nature with all its faults. We usually find what we look for and our friendships are usually among the choicest blessings of hospital life.

Domestics and attendants.—It is almost superfluous to say that nurses should treat all these people with consideration, and if they are able to make their work more interesting and their lives happier by courteous coöperation, the opportunity should not be neglected. A nurse must learn to bear herself so that an attitude of friendliness to those with whom she works may never be mistaken for personal favoritism, and she must protect herself from familiarity.

Hospital etiquette.—Hospital discipline with its distinctions between officers and subordinates, may be made bearable by courtesy. It is the rude chief to whom we grudge recognition of his official position. It is the rude and inconsiderate nurse who fails to obtain coöperation from ward helpers.

The doctor.—The nurse's attitude toward the doctor should be that of helpfulness. It is her duty to carry out his prescriptions as faithfully

as she knows how. She will seek to understand his orders so that she may be intelligent in her observations. She will try to be his eyes and his memory when he is not there so that all that should be reported to him concerning the patient may not be neglected and that he may leave the patient in her care with an easy mind.

She will also anticipate his wishes and preferences so far as possible. She will do all in her power to establish confidence in him on the part of the patient. As a young and inexperienced nurse, she will not presume to criticize his treatment, even in her own mind; she will never do that to the patient.

When she becomes sufficiently experienced to detect a mistake, she will of course call his attention to it by asking if her understanding of the order is correct. All are likely to make errors, and where lives may be at stake, each must act as a check on the other, regardless of an old supposition that doctors could not err and that a nurse had only to obey orders regardless of consequences. The nurse is the doctor's assistant, but her work is no less responsible than his; she has dozens of opportunities to make mistakes when he has one; his success often depends upon her intelligent interpretation of his orders and she must not allow her work to be underestimated.

The pupil nurse's relation to the doctor, in a hospital where both have competent and almost constant supervision, is quite different from that of the graduate nurse on a private case working with a private practitioner. It is quite important that she should keep an open mind and remember that different doctors use different methods and often have equally good results. She must also remember that nature, with little or no assistance, may restore very sick persons to health. The doctor's work and the nurse's work is chiefly to assist nature.

Some time ago an inspector of the Bureau of Food and Drugs procured a sample of wood alcohol for rubbing, from a drug company, in Brooklyn. The alcohol was sold in pint bottles with a label stating the contents to be "alcohol." Analysis showing that the sample was methyl alcohol, prosecution was commenced for violation of the Sanitary Code. The defendant was convicted in the Court of Special Sessions of Brooklyn, and was fined \$250. The justices were so impressed by the health menace occasioned by the human use of wood alcohol that they suggested giving this case the widest possible publicity.

Cross File

PARSONS, Sara E.

"Miss Tracy's Work in General Hospitals"

Maryland Psychiatric Quarterly - January, 1917

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RELATION OF NURSING SCHOOLS TO HOSPITALS

By SARA E. PARSONS, R.N., JEFFERSON CITY, MO.

DURING this period when practically everyone is interested in the problem of recruiting student nurses for our hospitals, there are certain factors that ought to be conscientiously considered in connection with this activity.

We are learning that even the best of our schools fail to measure up to the standards that educators consider essential. It would seem that we have overlooked the fact that schools imply not only students, but well prepared teachers, classrooms, and equipment, and time for instruction and preparation for classroom work.

It should be recognized that the present system of training nurses is wrong from the foundation, although much that is good has resulted in spite of manifest defects. In the first place hospitals with which most of our recognized schools are connected have no moral right to sacrifice, in the name of charity, their obligation to the student nurse to the economic necessities of the institutions. There are of course times of emergency when students must rise with the rest of the hospital personnel to unusual duties until the emergency passes. But as a matter of routine the practice of using students to do the work that properly belongs to maids, porters, orderlies, or graduate nurses, is not justified. If the institution is not in a position to finance the nursing department as a school, it has not the right to undertake that educational function. There is of necessity expense entailed with any educational program.

Bedside experience, while the most important factor in the education of nurses, is but part of the necessary experience, and it should be remembered that it must be carefully planned to meet the needs of the student nurse as a student. Unless a hospital is prepared to give a well balanced course in at least the four major branches of medicine, viz.: medical, surgical, pediatric, and obstetrical experience as well as theory, affiliations should be made to meet this standard.

Candidates Now Younger than Formerly

There are other adjustments in our present system that must be made before our nursing schools can possibly bear favorable analysis. It must be remembered that our candidates are now much younger than they used to be when nursing as a profession was young. Conditions that were then bad were not so reprehensible when the majority of the student nurses were of mature years. Then both physique and judgment were well developed, in comparison with the strength and judgment of girls just graduating from high schools. Now that we are accepting these younger candidates we are morally responsible to them and to the patients we care for that there should be proper supervision, instruction, and selection of their work in the hospital. Some of the practices that obtain in many institutions all over the country are entirely unsuitable for student nurses. There is no excuse in any hospital for requiring students to take the entire care of male patients. We all know that male patients themselves dislike exceedingly having young women attend to their most intimate needs when they are helpless but in full possession of their senses. Orderlies when taught are

perfectly well qualified to attend to certain demands of male patients, and student nurses would not be deprived of anything essential to their education.

The practice of twenty-four hour duty in institutions where the special nurse sleeps in the room with the patient is another one of the reprehensible practices that is seldom justified by the necessity of the patient. The facts if honestly stated are these:

The patient if sick enough to need twenty-four hour attention ought to have two nurses, as it is impossible for one nurse to do justice to her patient if on call twenty-four hours for any length of time. If the patient is not sick enough to require two nurses he can perfectly well get along with such attention as the floor nurse is able to give at night. There are very few hospitals that have reasonable accommodations for the nurses even where this practice is carried on habitually. The appearance in the corridors of nurses *en negligée* is demoralizing and undoubtedly accounts partially for the fact that thoughtful parents do not wish their daughters to take up the nursing profession, when their experience of nurses has been in institutions where such practices occur.

Practices Often Abused

The custom of having student nurses act as special nurses for private patients or serve as floor nurses in private wards chiefly to earn or save money for the hospital should be very carefully regulated if allowed at all. The practice as it used to exist before the student shortage, was much abused. Students were habitually deprived of class study, and recreation time.

Living conditions for students that could not possibly bear the inspection of a health officer ought to preclude the maintenance of a nursing school.

We shall be working at cross purposes which have already led to great confusion and almost to disaster until we realize that a trained nurse should be a person of at least fair education to start with, a woman of good home training and with real love for her work, prepared by two or three years of teaching and practice under the direction of properly qualified teachers, in a school or hospital or both, where good moral and professional standards obtain; also where is given a well balanced course of theory supplemented with intensive practical nursing experience in at least the four major branches of medicine.

We find ourselves at the place now where the good and intelligent woman who is also well trained has made her work of such value that she is in great demand all over the world, in many branches of nursing and health activities. On the other hand about 80 per cent of parents object to the profession for their daughters, although there is not a more splendid preparation for life in all its phases than nurses' training when the education of the nurse is what it should be.

Nurses Best Judges of Necessary Education

Unfortunately neither the medical profession nor the general public yet fully appreciates the fact that trained nurses are themselves the best judges of what kind of preparation they need for the demands that are made

upon them, and it would seem from the diversity of opinion among medical men that but few of them have ever given any serious thought to nursing education from the point of view of the patient or the nurse. The surgeon is satisfied with the nurse who can do good surgical work; the up-to-date medical man is satisfied with the nurse who understands scientific dietaries and can give intelligent care to his patients. Likewise with the obstetrician and the pediatrician. It hasn't occurred to them apparently that few women wish to be confined to so narrow a channel of usefulness as any one of these specialties. The modern young woman wishes to feel herself equipped to undertake intelligently the practice of general nursing, and preparation for general nursing is the only education that prepares her for usefulness as a public health nurse, Red Cross nurse, or any of the many executive and teaching positions that are open to trained nurses. If our medical friends stop to consider nursing schools seriously from the point of view of the prospective candidate they would not advocate hospitals indiscriminately as suitable places for training schools; neither would they expect any considerable number of fairly intelligent people to be satisfied with the kind of experience offered in most hospitals. The medical men who say they prefer the practical nurse whom they train themselves should understand that, while that may be satisfactory to themselves, it is no reason why they should expect that method to be satisfactory to the community, and it is no reason why they should oppose any plan by which a comprehensive and adequate preparation may be secured for those who desire it.

There are many pitiful instances at the present time of graduate nurses who are obliged to say that their schools have gone out of existence or have become so disorganized that they are ashamed to tell from what place they graduated. It is an obvious fact that many very good schools at the present time rely entirely on the interest and intelligence of the present heads. If the heads of these schools were to leave it would be difficult for even a well informed training school committee or board of trustees to find a suitable substitute, leaders are so scarce. But unfortunately the boards and committees that are sufficiently well informed to actually realize what is involved in the maintenance of a nursing school are so few that the chances are that a young and inexperienced graduate might very probably be promoted to a position requiring unusual qualifications.

All who are interested in nursing education should ponder upon the fact that there are very few states

where there is any control or inspection of nursing schools and that in the practice of nursing there are few states where there is any control of practical or graduate nurses, or protection for those who are really trained and registered. There are many who suppose that registration is obligatory, but such is not the case in most states.

In the schools throughout the country that offer the least to their students there are a large number of students who drop out during the course and take up nursing as graduates. A superintendent said recently that she had counted up sixteen or seventeen who had dropped out of her school within four years and were practicing as graduates of the school to the detriment of their patients, and the reputation of the school from which they profess to have been graduated. It is seldom that these students who drop out before the course is completed have had practice in the care of children or maternity cases. The fact that the work in most hospitals is about three-fourths surgery, and about three-fourths of the patients are "specialled" by graduates through the critical part of their illness probably accounts for the monotony and loss of interest during the second and third years.

To those who are postponing a reorganization of their nursing schools, under the delusion that presently large numbers of young women who are being laid off from office work will apply to nursing schools under the old system, I would say that during the past few years there has been increasing publicity among high school and college girls as to what constitutes a good nursing education. Besides the guidance of vocational directors there will be in the future the information obtainable from the Rockefeller committee now investigating nursing schools, and the information disseminated by public health nurses. No nurse who has been a victim of a poor school will recommend another to follow her example.

Finally, I would call attention to the fact that any nursing school that desires to attract an intelligent class of candidates should be so organized that financially and educationally the student's interests will be protected, and a change of personnel will not hazard her education nor endanger the value of her diploma either in the immediate or distant future. This leads us to the conclusion that the schools of the not distant future must be definitely connected with recognized colleges or universities, or, if with hospitals, the school department must be so directed and financed that it will be able to compete in the excellence of its instruction with university schools. In the future applicants will seek institutions that have a solid foundation.

for a budget of \$33,500, as follows: Commissioner, \$4,500; six nurses, \$9,000; dairy and food inspection, \$2,500; clerk, \$1,500; deputies, \$2,500; automobiles, \$5,400; incidentals, \$5,100; clinics, \$3,000.

The work will provide nurses who will visit every school house and examine every child for adenoids, bad tonsils, decayed teeth, malnutrition, and malformations.

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To the nurse, herself, the profession is no longer necessary as a means of livelihood. There are many other occupations in which she can earn more and work less. It is only when she loves her work that it becomes necessary to her, and it is because our leaders have loved their work that they have worked persistently against great odds to maintain fairly good standards. We have arrived at the stage where we know by experience what the trained nurse should be taught and the kind of hospital in which she can get her practical training. We also know what theory is required and have demonstrated two or three ways of getting it. We know and can prove by concrete example what influences militate against a school and what influences work favorably. There is scarcely time today to touch upon these things, but our statistics and our experience will be at the disposal of the Conference. We know that there should be trained nurses and trained attendants, and that both should be licensed before being allowed to practice as such. We never can have trained attendants until trained nurses are compelled to register after passing state board requirements. Naturally, young women who can get diplomas from some kind of a hospital and pass as trained nurses prefer to do so as a rule. The danger of partially trained people practicing as nurses is illustrated by an attendant who had experience in an Eye and Ear Infirmary. She was recommended by one physician to another who put her on a maternity case. The patient died of puerperal fever. The doctor blamed the nurse, asked where she was trained, and visited the superintendent of the school. He learned, too late, that she had never even qualified as an attendant, but had been dropped from the school.

Any kind of hospital which provides experience in all the major branches of medicine, or which by affiliation with other hospitals, can supplement its experience, may become a good field for the education of the nurse if

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suitable theoretical instruction and living accommodations can be provided. To be successful, hospitals must be able to relieve the student nurse of the domestic work that has hitherto consumed so much of her time, and they must supply a large enough staff to reduce her working hours to a reasonable number. Most necessary of all is a recognition of the nursing department by the medical department as its equal in dignity and in value to the community. Hospitals that take this stand are not seeking candidates so far as I have been able to learn. The acid test of a school is its graduate. If she is satisfied with her training after she has worked as a graduate beside other graduates she will be loyal to her school and work for its advancement. If she finds, however, that her training does not compare favorably with that of her associates she will either turn entirely against nursing, or she will recommend that her friends and relatives go to other schools, where the graduates are successful and recognized.

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In this probation period the coordinating ward practice—six to eight hours daily—begins very early in the term; as soon, indeed, as the student has been taught bed-making and the simple beginnings of personal and ward hygiene. She takes over new nursing procedures from time to time as she receives instruction therein. All the time she is becoming oriented to the atmosphere of the hospital and the problems of nursing amid the conditions in which she wishes to become efficient, and where her eagerness to be at the bed-side can best be utilized for drill in the acquisition of skill in the more simple, monotonous ward procedures. This use of the probation period we hold to be the best method educationally. This early, practical ward work motivates the more thorough-going theoretical courses as no other plan can hope to do. Moreover, this arrangement is the more economical one, for it affords a working basis to guide one in the early elimination from the course of the unfit, before funds and a large amount of time and energy have been expended in giving fuller academic work to a candidate who may later prove unable to make the adjustment to the actual work of nursing, or whose chances for success and ability to assume responsibility in the more skilled and professional care of the patient are slight.

The advantages of alternating semesters of practical work with semesters of study which are free from the fatigue of ward duty are obvious. The groups relieved from the burden of ward work are able to carry well-rounded courses worthy of university credit, courses which give the student good habits of study and a fair background for her future work. In planning the eight-hour working day in the hospital this scheme of terms off duty for theoretical courses also proves more elastic and economical both from the point of view of ward management and that of cost of instruction. It requires less repetition of courses and less juggling of time and students to insure class work at hours when the student is sufficiently rested to profit by instruction. It also makes the planning of vacations possible with the regular number of staff and students.

During the first study period the course given is:

	Lectures	Laboratory
1. Chemistry	45 hours	90 hours
2. Anatomy and Physiology	45 hours	90 hours
3. Solutions and Introduction to Drugs	30 hours	
4. Medical Nursing—Lectures and Demonstrations, 45 hrs.		
5. Surgical Nursing—Lectures and Demonstrations, 45 hrs.		

During the second study period the course given is:

	Lectures	Laboratory
1. Bacteriology and Hygiene Lectures	30 hours	45 hours
2. Pharmacology and Therapeutics	30 hours	
3. Social Science Lectures	60 hours	
4. Psychology Lectures	45 hours	
5. Foods and Nutrition Lectures	30 hours	45 hours

During the periods of ward practice every day of the student's time must be carefully planned. The variety of training which can be satisfactorily given is one of the strongest points in the plan. We feel that no students should be denied, in addition to the usually required branches of nursing, training in the nursing of contagious diseases, in skin and venereal diseases, in mental and nervous diseases, and in public health field work, so the course as given to every student in the school is divided among the various services as follows:

Introduction to General Nursing Care.....	4	months
Medical Wards	2	months
Surgical Wards	2	months
Pediatric Wards	2	months

Contagious Wards	2	months	
Orthopedic Ward and Gymnasium.....	1	month	
Admitting Pavilion and Social Service.....	½	month	
Eye, Ear, Nose and Throat, Skin and Venereal	1	month	
Hospital Diet and Milk Laboratories.....	1	month	
Operating Pavilion	1½	months	
Gynecological Wards	1	month	
Obstetrical Wards	2	months	
Psychopathic and Neurological Wards.....	2	months	
Elective in {	Hospital Administration.....	4	months
	or		
	Field Work in Public Health		
	Nursing		
	or		
	Selected Ward Practice.....		

The lectures which coordinate directly with this nursing practice experience are planned to give the student a better working knowledge of her cases and opportunity to consider the community aspect of each disease. As given to each student these lectures are as follows:

	Lectures
Elementary Principal of Nursing (in Probation Period). Includes demonstrations.....	45 hours
Orthopedics, Genito-Urinary and General Surgery, and Gynecology	15 hours
Pediatric Nursing	15 hours
Eye, Ear, Nose and Throat, Skin and Venereal Diseases	15 hours
Mechano Therapy	15 hours
Obstetrics	15 hours
Contagious Diseases	15 hours
Introduction to Public Health Nursing.....	15 hours
History and Ethics of Nursing (in Probation Period)	15 hours
Psychiatric and Neurological Nursing	15 hours
and Demonstrations, Medical Nursing (first study period)	45 hours
and Demonstrations, Surgical Nursing (first study period)	45 hours
Pathology	15 hours
Preventive Medicine and Nursing.....	15 hours

It is assumed that, after two years and eight months so spent, the student nurse is ready to profit by a wise selection of four months' specialization in the public health nursing field, or hospital and training school administration, and the corresponding elective courses have been arranged as follows: Invalid occupation, advanced courses in public health nursing, journal club, teaching of public health, nursing methods, and hospital organization and training school administration.

We extend affiliation in contagious diseases, public health nursing, pediatrics and other nursing branches, and give class work upon the same cooperative basis as to our own students. We stand ready, as we should, to share our hospital and school facilities with as many schools as possible where affiliation is needed.

In conclusion we invite you to visit us and hope for constructive and helpful criticism. If there are discrepancies here and there, please remember that we are only three years old and that our infancy has weathered a war and a terrible epidemic.

Ohio Extends Nursing Service

The prospects for effective health work under the new Ohio health law is illustrated by the progressive plans of some of the counties and cities in Ohio which have heretofore done very little in public health work. For example, the Board of Health of Elyria, O., has provided

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DEVELOPMENT OF THE MASS. GEN'L HOSP. TRAIN-
ING SCHOOL FOR NURSES.

Probably, Sara E. Parsons
author

1910

Founded in November 1873 after a scheme that would be considered progressive even at the present day. Weekly lectures were given by doctors, and pupils were sent to the E. & E Infirmary for additional experience.

During the first year the school had two superintendents but cannot be said to have prospered until Linda Richards took charge of it in November 1874. The nurses lived in a rented house on McLean St., The first class of three graduated in 1875 and all have finished their earthly work.

In June 1875 the nurses were received as residents in the hospital. In May 1877 Miss Richards resigned to go abroad for further study. She had, however, put the school on a solid foundation. The history of her work as told in her Reminiscences is very interesting reading and her book should be owned by every M. G. H. grad. She was followed by Mrs. Wolhanpter.

The first suggestion of a uniform was

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in 1878 and did not go beyond uniformity of caps, cuffs, and aprons; and this innovation was not popular to the nurses.

Early in 1879 Miss Sangster became Superintendent and this year the first report was published and one learns that pupils were sent to the Boston Lying-In for 2 months during the 2 years' course.

In 1881 Anna C. Maxwell took charge of the school, and under her it waxed strong during the next 9 years. In 1883 The Thayer was completed. Miss Maxwell introduced a uniform and a school badge. A \$600 library was installed in the Thayer parlor which was selected by Dr. William Richardson.

Confidence in the nurses was now shown to the extent of furnishing ward instruments and teaching nurses to dress wounds. They were also given charge of the Ward E. Amphitheatre. A schedule of about 30 lectures appears in the reports and notice of weekly classes from the immortal Clara Weeks.

In 1885 instruction in massage was added to the curriculum--One meagre mention is here

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made in our history of outside pupils being admitted to the wards on a tuitional basis quite exceeding any tuition common at the present day. Mrs. Benson who paid \$50 per month for the privilege was the last pupil admitted as a non-resident pupil.

I wish Miss Maxwell would tell us why ~~be~~ that experiment was not a success.

Request for circulars of information covered about 366 a year at this time.

In 1884 pupils were first allowed to assist in the O. P. D. The work had grown so that Miss Maxwell was allowed a night superintendent.

Some unhappy experience is indicated by a vote of the B. S. Committee not to admit to the school any woman with a living husband.

Up to this time the ladies on the Com. corrected the lecture book but the task became too arduous and a physician was paid to do the work. In 1888 the affiliation with McLean was established and continues to this day. Some of our most successful and loyal alumnae are those who began their work at the McLean hospital.

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When Miss Maxwell resigned in 1889 the school passed into the hands of Miss M. B. Brown. In 1894 cooking was introduced as a regular part of the curriculum--Previous to this pupils were sent to the Boston Cooking Sch. where they saw demonstrations in Invalid Cookery. Miss Boland was the first teacher.

Jan. 1, 1896 the school passed from the Committee to the Trustees of the hospital and its name was changed from the Boston Tr. School for Nurses to its present title. Unfortunately there are no reports between 1895 and 1899, and this report is missing from the files. Apparently during these years there was not much change in the course of training. We have no data telling us when the affiliation with the Lying-In and the E. & E. I. were dropped.

There is mention of instruction in the autopsy room, increased equipment, and increasing numbers of applicants. As a graduate during these years I can testify to the remarkable executive ability and keen insight of Miss Brown and I marvel at the good results and thoroughness of the work

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accomplished at that time in spite of comparatively meagre instruction, a limited number of nurses per patient and very little supervision except that of the busy head nurses.

When these were good the instruction was excellent so far as the wards furnished the illustrative material and many of the head nurses were exceptionally clever executives and teachers.

In 1900 Miss Brown resigned and Pauline Dolliver assumed direction of the school. Three years later the T. S. report shows an amazing number of radical and important changes. A three-years course--two expert paid instructors--affiliations with Sloan Maternity and the Childrens Hospital--Courses in the Diet Kitchen--training in op. room work--etherizing and bedside clinics. So far as we know the clinics for nurses originated in this hospital and have been a conspicuously fine feature of our curriculum. Many first class schools have adopted this mode of instruction.

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The new addition to the Thayer was made and a nurse instructor added to the staff and a one months' preliminary course given to the probationers who were now admitted twice a year. During 1904 a 3 months' course at Corey Hill was introduced to give experience with private patients, and an affiliation with the Inst. Dist. Nursing Ass'n was formed. Also a class in reading was tried out and most important of all a 4 months' prep. course in science being offered at Simmons College our school adopted it and sent 8 pupils in September. In 1904 we find in interesting outline of the theoretical and practical courses with a fine list of special lectures.

In the report of 1905 is recorded an Ether Day Day Celebration with a surgical clinic for the nurses and a tea in the Dome. Next year we note an increase in nurses and particular instruction for pupils who were specialling. Tent wards are first mentioned in 1906. 1907 the Administration Course was started. In 1908 Miss Dolliver's resignation is the conspicuous

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event and those who have followed the tremendous work she accomplished in her 10 years of superintendency will not wonder that she felt obliged to lay down the burden. During Miss G. E. Sanders' period of office the trustees voted to increase the school by 52 nurses, so that the working hours could be shortened and needed help given in new departments. Whereas in the beginning the nurses were allowed in the hosp. as a great favor the school was now urged to supply them. When Miss Sanders resigned the honor fell to the present incumbent.

In the ~~present~~ report of 1910 we find that it was thought best to strengthen the hospital courses so that the pupils might be withdrawn from Simmons College and all the school have equal opportunities---The College could only take a limited number even if the hosp. could have sent the whole school there.

A resident theoretical instructor specially qualified to teach the sciences was appointed. Some lessons in invalid occup. were given and a series of talks on current events enriched advan-

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tages previously enjoyed.

In 1912 the course for the McLean nurses was extended to 18 months and obstetrical experience provided for them.

In 1912 the nursing staff had increased to 183 and an arrangement made for a 3 months course in the Social Service Dep't which was to be offered as an elective for specially qualified pupils.

A three months' course for probationers was established and Miss McCrae put in charge of the practical instruction. The instructor of theory took over the course in anat. and phys. and devoted 1 1/2 hours every morning for nearly three months to these subjects. This course--particularly the practical teaching which includes the underlying principles involved in all procedures, is in my mind the most important step forward during the last five years.

For three months during the most impressionable period of their course all the probationers enjoy the uniform and comprehensive teaching from the most experienced and best

Massachusetts General Hospital, Boston, 1911

prepared nurses we can procure, and Miss McCrae is a genius in her line.

In 1913 a 3 months' course in mental work was offered our pupils at McLean and was made an elective. A non-payment system was started, and Mrs. N. Thayer, Mrs. Chas. Mason, and the Alumnae offered scholarships to aid deserving pupils. The hospital furnishes the uniforms, and keeps them in repair, text-books, maintenance, and the the school pin.

The Inst. Dist. Nursing Ass'n formulated a most attractive public health course of 4 mths. and any pupil or grad. completing ~~it~~ is awarded a certificate. An increase in highly educated applicants is noted and a decrease in serious illnesses. The New Home was an event of 1913, and in addition to the generosity of friends of the hospital who contributed very largely and made possible our home and its furnishings we had most gratifying signs of interest in our comfort and welfare from the graduates of the school. The beautiful hall clock is a gift from them, and the portraits of Miss Richards and Miss Maxwell;

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photographs, books, and kitchenette furnishings were also given by graduates.

Our 60 day affiliation with the E. & E. I. is the latest elective added to our curriculum.

There seems to be a growing expression of affection for the school on the part of our pupils and it is to them that we are indebted for our mantel clock, tea-carriage and roof-furnishings of the New Home. The trustees have never asked of the nurses anything beyond good and loyal service in and out of the hospital but we are grown up and we ask now the privilege of advising and helping them in the maintenance of the most important department of this wonderful institution which is peculiarly ours. In response to my appeal for a Training Sch. endoresment so that there may be no question of funds for its suitable maintenance there has been a response small but encouraging, \$285, have been given to this fund and \$200 more pledged. We need a very large endorsement and it is going to require ~~over~~ our ut-

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most endeavors if we are to realize it by the time, 8 years hence, when we shall celebrate our 50th Anniversary. I must take time to express appreciation of our Training Sch. Committee. The devotion of these women to the welfare of the school, their ready willingness to consider innovations and their staunch loyalty to the superintendents of the school can only be appreciated by those who work with them.

To Dr. Howard, Dr. Washburn, and Dr. Howland—all of whom have the keenest interest in promoting the education and comfort of our nurses, we owe allegiance. They are also ready in private and in public to stand for the higher education and professional status of nurses as a class.

Lastly permit me to say that however good our school, however progressive our methods—nothing can equal in importance and interest the achievements of our grad. body. To them, more than anyone else must we look for encouragement, assistance, and loyalty. On them rests the prestige of our school and to them is due our

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gratitude for the present standing of our school
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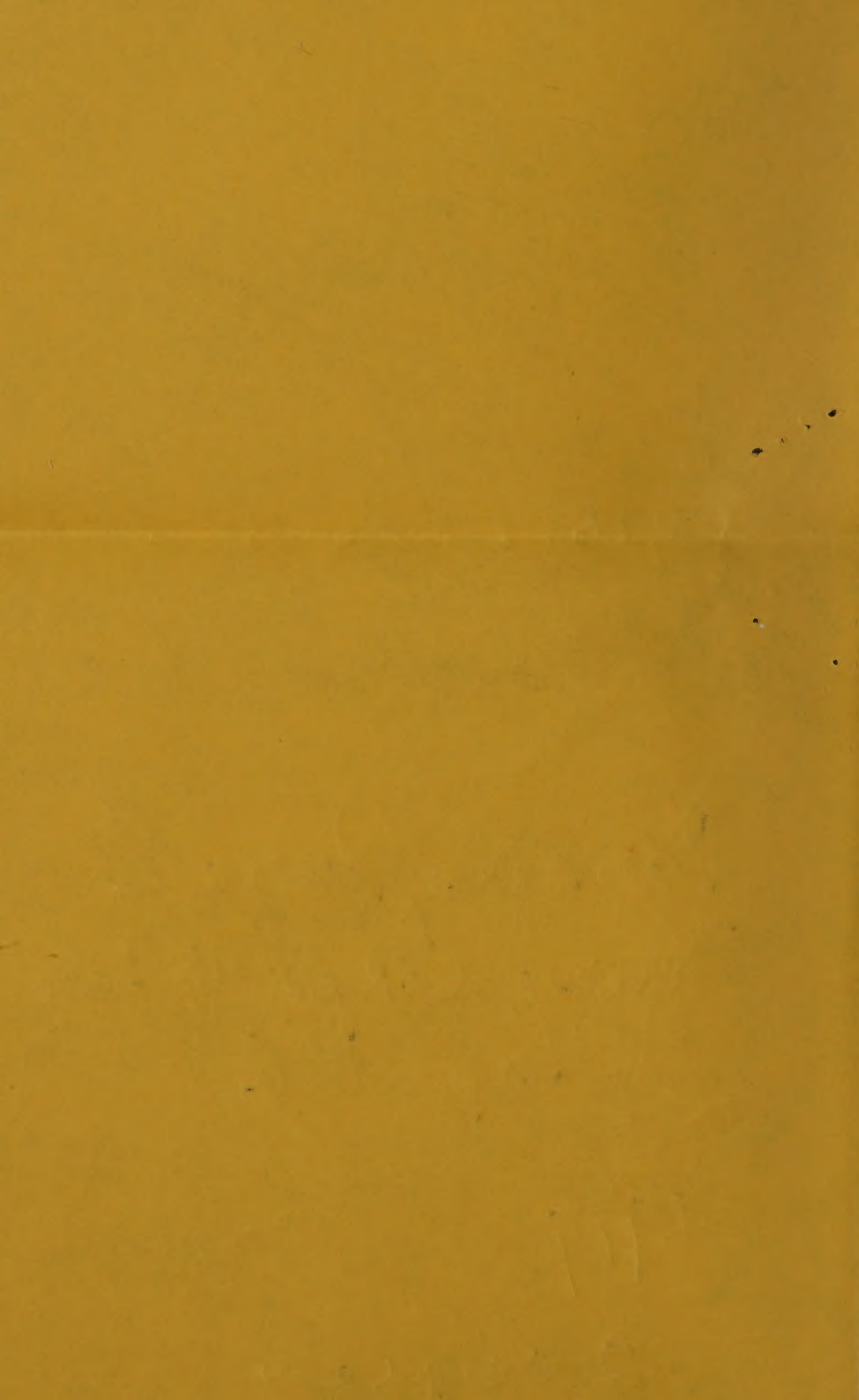
Massachusetts General Hospital,
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Office - Stopped before
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Parsons, Sara E.
Nurse Corps, US Base
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1919

2 copies



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The outstanding features of the nurses' life and work during this period seem to be the following, as observed by the Chief Nurse:

(1) A rather unusual spirit of cooperation and congeniality among themselves.

(2) A universal enjoyment of actual bedside nursing in addition to executive responsibilities. Although 38 of the 64 had held executive positions before joining the Unit, they were always glad to take subordinate positions where they could work directly with the patients. As all nurses in time had to take charge of wards and nurse the patients at the same time, it was equally pleasing to find that those nurses who had not held executive positions in civil life almost without exception assumed responsibility very well. There was never a time when the nursing department suffered from too many executives,

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(4) Most gratifying of all was the spirit of motherliness which pervaded the atmosphere, and the respect which the nurses always commanded.

To sum up my impressions, the advantage of knowing one's personnel is tremendous, both from a professional and physical standpoint. There are some of the most valuable women who can work in an understanding and sympathetic environment, who could never stand the strain in an uncongenial situation.

As Regular Army nurses entered the Base there was a noticeable difference between the adaptability of the army and reserve nurse. The former worked much more mechanically and drew hard and fast lines between what she should and should not do.

The orderly question can never be satisfactorily settled until the supply of intelligent and kind men is sufficient to meet the demand, and while army routine continues to conflict with ward duties. At present the system is analogous in one way to that which prevails in a hospital staffed by sisters, whose religious duties take them from the wards regardless of the needs of patients.

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The outstanding features of the nurses' life and work during this period seem to be the following, as observed by the Chief Nurse:

(1) A rather unusual spirit of co-operation and congeniality among themselves.

(2) A universal enjoyment of actual bedside nursing in addition to executive responsibilities. Although 38 of the 64 had held executive positions before joining the Unit, they were always glad to take subordinate positions where they could work directly with the patients. As all nurses in time had to take charge of wards and nurse the patients at the same time, it was equally pleasing to find that those nurses who had not held executive positions in civil life almost without exception assumed responsibility very well. There was never a time when the nursing department suffered from too

many executives, a complaint of other units.

(3) There seemed never a time when the nurses were too tired or too busy to do extra kindnesses for the patients. The hours off duty that were spent making candy, cakes, pies, ice-cream, for the boys, and the money spent for eggs, milk (evaporated), fruit, etc. for the sicker patients, when army supplies failed to materialize, could hardly be estimated.

(4) Most gratifying of all was the spirit of motherliness which pervaded the atmosphere, and the respect which the nurses always commanded.

To sum up my impressions, the advantage of knowing one's personnel is tremendous, both from a professional and physical standpoint. There are some of the most valuable women who can work in an understanding and sympathetic environment, who could never stand the strain in an uncongenial situation.

As Regular Army nurses entered the Base there was a noticeable difference between the adaptability of the army and reserve nurse. The former worked much more mechanically and drew hard and fast lines between what she should and should not do.

The orderly question can never be satisfactorily settled until the supply of intelligent and kind men is sufficient to meet the demand, and while army routine continues to conflict with ward duties. At present the system is analogous in one way to that which prevails in a hospital staffed by sisters, whose religious duties take them from the wards regardless of the needs of patients.

Educational Standards for Nurses.
State Registration and Training School
Inspection

BY
SARA E. PARSONS, R.N.

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1914

EDUCATIONAL STANDARDS FOR NURSES. STATE REGISTRATION AND TRAINING SCHOOL INSPECTION.

BY SARA E. PARSONS, R.N.,

*Superintendent of Nurses, Massachusetts General
Hospital.*

UNDOUBTEDLY the standards for nursing education set by the American Red Cross is the most important fact in the nursing field today. All nurses with a spark of patriotism desire to be enrolled for the service of their country in time of war or calamity. Any school that would have the future welfare of the country at heart must desire to equip its pupils to meet the national standards. The school that pursues any other policy is, in my opinion, pursuing a suicidal course.

No one but a reliable woman with good moral standards and a complete all around training ought to be enrolled for active service, as no one can predict what phase of illness a nurse must deal with in Red Cross emergencies. The War Relief Board of the American Red Cross has created a national committee of fifteen to establish a uniform standard of qualifications to govern the enrollment of nurses. The committee in full is as follows: Jane A. Delano, R. N., Chairman; Mabel T. Boardman; Mrs. William K. Draper; Major R. W. Patterson; Dr. T. W. Richards; Dr. William Welch; Mrs. Frederick Tice; Emma M. Nichols, R. N., (City Hospital, Boston); Alma E.

Wrigley; Mrs. Whitelaw Reid; Anna C. Maxwell, R. N., Isabel McIsaac, R. N., and Julia C. Stimson, R. N.

What are the requirements, and are they just?

TRAINING. The nurse must have had at least a two-years course of training received in a general hospital which includes the care of men and has an average of at least fifty patients during the applicant's training. In cases where subsequent hospital experience, or a post-graduate course would seem to supply any deficiency of training, applicants may be enrolled with the approval of the National Committee.

Graduates of State Hospitals for the Insane are not eligible unless their experience includes at least nine months training in a general hospital either during their course of training or subsequent thereto. In states where registration is required by law graduates of schools not meeting the requirements of the State Board of Registration will not be considered eligible for enrollment. Applicants must have the endorsement of the American Nurses' Association and of the Training School from which they graduated.

They must be at least twenty-five years of age.

It will be noted that an applicant may make up her deficiencies by post-graduate work so that these standards cannot be said to be unreasonable.

In view of the general ethical reasons why nurses should be adequately prepared for the profession they voluntarily assume, is there any just objection to an inspection of training schools by some properly qualified person appointed

for that duty by the State Board of Nurse Examiners?

Is there any good reason why such an inspector should not be selected from nurses who meet at least the minimum standards set by the National Committee?

Is there any logical reason why hospitals that undertake to run training schools should not stand in the community for what they really are?

If they wish to meet national standards why should they not affiliate to make up their deficiencies as most recognized schools today are obliged to do?

Some of the largest and best-known schools in Boston are dependent upon smaller and special institutions to give their pupils experience which their own wards cannot supply. The Boston City Hospital, the Massachusetts General and the Peter Bent Brigham are good examples of the large hospitals that affiliate, and the Children's Hospital and the Adams Nervine are notable examples of what small special hospitals can do for their schools when determined to meet definite standards.

It is both difficult and expensive to maintain a good training school, but most hospitals find that it pays in results.

New York hospitals that wish to maintain training schools eligible for registration with the Board of Regents must give at least a two years course in a hospital or hospitals giving definite kinds of experience, and the schools must submit to the Regents papers to show that applicants have had at least one year in high school *or an equivalent* before entering the school. It is this last requirement that seemed to cause so much controversy between medical

superintendents of hospitals and the nurses who stand almost unanimously for such standardization, (although they would prefer higher standards and intend to raise the educational requirements.) Women with less education than that must make up their deficiencies if they wish to care for the sick in New York as registered nurses.

To train, graduate and register women of such a low standard as a grammar school education implies an imposition on the public (that eventually pays for it in dollars) that is not to be endured.

The position of nurses as a body who are insisting on better education and better opportunities needs no defense in the mind of any thoughtful man or woman, but the plea made by a few who are loud in their cry for no restrictions on those who go into the hospitals and homes to nurse the sick is sometimes so plausible as to persuade those who do not carefully think out the whole situation.

Opposed to the names of men who are quoted as objecting to state registration for nurses; for training school inspection, etc., there are hundreds of notable men and women who endorse the movement.

May I quote from a letter recently sent me by a hospital trustee of another state who has recently become interested in the nurses educational movement—

“Small hospitals with training schools that are designed by Boards of Trustees for utilitarian purposes have much to answer for. Too many training schools are issuing diplomas that in substance certify to residence for a continuous term of months at some hospital where the

holder has been a very satisfactory maid of all work.

"The laymen, who constitute the governing boards of hospitals that maintain training schools, have not been impressed with the moral obligations they assumed when inviting a young woman to enter the training school. The uppermost thought has been that it was an inexpensive and accepted method of paying for the care of sick people dependent on charity.

"Much good can be accomplished if an organized educational campaign could be conducted in the ranks of the laymen who govern the hospitals. Thousands of these well intentioned conscientious men are big in their business world but small in the knowledge that covers the subject of nursing education. I have been in hospital work very actively for twelve years and when I think of the utter ignorance of nursing education that blinded me for nine years I wonder what use I made of my eyes and ears.

"In detail this letter may not interest you, but its chief point is that you can readily see that an officer of an obscure country hospital has been awakened by the echo of the gospel that earnest women of the nursing world have been preaching."

The above letter speaks for itself. There is at present in Boston a progressive, humanitarian movement on foot to provide nursing and household care for people of moderate means, (Household Service Bureaus.) The Women's Municipal League is behind it, and a committee of its members, doctors and nurses are framing a curriculum, and searching for hospitals where attendants may be taught to do this much needed work.

Such attendants may be of untold service in the community if provision is made so that the general public may readily distinguish between the trained registered nurse, and the attendant.

For the success of this project which is one of the most important social movements of the present day it is important that the State Board of Nurse Examiners be empowered to inspect training schools so that the registered nurse of the future in Massachusetts may stand before the public as one who has had sufficient practice and theory to warrant confidence when people wish to employ a trained nurse.

The attendant should also meet certain definite standards and be licensed or registered to practice. She will not take the place of the trained nurse any more than the trained nurse takes the place of the doctor but she will supplement the work of both.

In hospitals where the problem of training nurses for registration is too difficult we should find the laboratory for the training of attendants.

All persons who are interested in the 90% of the population who most need consideration will, it is hoped, help the trained nurses and the Board of Nurse Examiners to get their training school inspector, and also support the effort to provide the community with trained attendants.

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Vol. VI

No. 3

THE SUSAN E. TRACY NUMBER

MARYLAND
PSYCHIATRIC QUARTERLY

January, 1917

THE SUSAN E. TRACY NUMBER

Editorial

AN APPRECIATION

Dr. George E. Barton

A THREE MONTHS' TEST OF INVALID OCCUPA-
TIONS IN A LARGE GENERAL HOSPITAL

Susan E. Tracy, R. N.

SUSAN E. TRACY, R. N.

Mary Barrows

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Reba G. Cameron, R. N.

MINUTES OF MARYLAND PSYCHIATRIC SOCIETY

A NEW JOURNAL

OCCUPATION AND AMUSEMENT

ANNOUNCEMENT

BIBLIOGRAPHY OF DIVERSIONAL OCCUPATION

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Press of Spring Grove State Hospital
Catonsville, Md.

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VOL. VI

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No. 3

THE SUSAN E. TRACY NUMBER

TO those who have been interested in occupation therapy for more than ten years the present number of the QUARTERLY may perhaps be something of a surprize. It may be that they have been unaware of the flight of time and so have not realized that a little over ten years ago Miss Susan E. Tracy first began systematic instruction in this most valuable therapeutic agent. Occupation therapy is not a new means of treatment and is probably as old as civilized man. Perhaps the savage when feeling depressed and out of sorts turned to the making of a new spear or arrow head as a diversion, unconscious of its therapeutic value. There is no existing record, however, of so early an application of work therapy and we have to come down many hundreds of years before we can find that work has been used or recommended as a remedial measure. The earliest record of which the writer has knowledge is contained in a letter written in 1798 by Dr. Benjamin Rush to the Managers of the Pennsylvania Hospital in Philadelphia in which he requests that there be provided "2nd. Certain Employments to be devised for such of the deranged people as are Capable of Working, spinning, sewing, churning, etc., might be contrived for the Women: Turning a Wheel, particularly grinding Indian Corn in a Hand Mill for food for the Horse or Cows of the Hospital, cutting Straw, weaving, digging in the Garden, sawing or planing boards, etc., etc., would be Useful for the Men." We do not know whether Dr. Rush's recommendations were followed out at the time but we do know that subsequently many asylums, as they were then called, provided means

of employment for their patients. While the majority of medical officers recognized the value of work in aiding the patients to recovery, or of keeping the chronic cases more quiet and contented than they were without occupation, the therapeutic application of work was not well systematized, and credit must be given to Miss Tracy for first giving instruction to nurses as to how they should best occupy their patients. Following her beginning the work has extended largely and there are now few superintendents of hospitals for mental cases who are willing to confess that they provide no means for diversional occupation. It has been interesting also, to observe how the general hospitals are taking up the subject and are adding it to the course of study required of the nurses. In fact, it may be said that comparatively speaking the general hospitals have been making more rapid strides in this respect than have the hospitals for mental cases. In the present number of the QUARTERLY Miss Tracy has been good enough to tell us of her method of inaugurating an occupation course in one of America's newest and best hospitals.

The other papers which have been contributed to this Susan E. Tracy number of the QUARTERLY are of great interest and especially so as they have been written by some of those who know her best and can best appreciate her. In the letters which have been written in acknowledgment of the editor's request for a contribution there have been many expressions of affection for the one whom we are attempting in this small way to honor. One writer said that he was afraid to say more lest he "should embarrass the dear lady." We only wish that our periodical was larger so that more might have been said about the "dear lady" and her work, even at the risk of her embarrassment.

It remains, however, for a future time to properly appreciate the inaugural work which Miss Tracy undertook, when a better perspective can be had, and when some of the training courses, which have been established within so comparatively short a time shall have exerted their influence in making better nurses and more contented patients. May Miss Tracy be spared to us to see a fuller fruition of her labors and to aid us in helping to attain it!—W. R. D.

AN APPRECIATION

THE casual observer, looking over the fence which surrounds the excavation over which a new building is to be erected, is often surprised that the workmen should be digging up good solid firm earth merely to replace it with a mass of small stones, mixed with what appears to be soft mud. He often fails to realize that this semi-fluid mixture will in time turn into a mass stronger than the hardest stone.

Later, when gazing at the elaborate cornice twenty stories above ground, he fails to realize the relation between that first operation and the completed structure. He accepts, as a matter of course, that the building should be complete and occupied. Only those who have designed and built the structure think constantly of that mass of concrete deep down in the earth.

Susan Tracy did not discover nor invent Occupation for Invalids. No one person has done that any more than has any one person invented or discovered the science of medicine. But she did bring about the revival of that work in the United States. In future years, when the new department rises among the old hospital buildings, society will accept as a matter of course that the sick man will be discharged not only cured but also able to do something. The intricacies of his training will then most impress the casual observer, but deep down in the earth, unseen, forgotten perhaps by all save those who have built upon it, will be the foundation which Susan Tracy laid.

GEORGE E. BARTON

Consolation House,

Nov. 14, 1916.

A THREE MONTHS' TEST OF INVALID OCCUPATIONS IN A LARGE GENERAL HOSPITAL

BY SUSAN E. TRACY, R. N.

NO argument is required in order to convince the public, or the more guarded professional mind, of the value of occupation as a remedial agent in the care of the insane or of the average sanatorium patient. For some years the great desire felt at the headquarters of the work in Jamaica Plain, Massachusetts, was for an opportunity to prove that the need for the same agent was just as great among the patients of the large general hospital. The large, and even crowded wards, the rush of morning work, the interruption of doctors' visits, surgical dressings, the returning ether patients, the mopping and general cleaning, all these features common to all great hospitals, constituted a background enviable indeed for the research student in Invalid Occupation.

As a sequel to a single lecture delivered without thought or hope of such splendid co-operation, the authorities of the Michael Reese Hospital of Chicago, Ill., decided to install the work, not as a transient episode in the history of the hospital but as an integral part of its routine. It was decided to engage the entire services of the organizer for a period of three months after which time a person elected from the regular hospital force should carry on the work. Arrangements were made to pay all traveling expenses, maintenance, a stipulated sum per month for supplies, and a definite salary for instruction.

The locating of the department was most happily provided for. A fine, fire-proof ward in the children's building was given as the formal class-room. Numerous cupboards around and adjoining this room were at once available for models and supplies, a large, portable blackboard, two desks, a cabinet sewing machine and a long table with chairs easily accommodating ten students completed the furnishing of this room. Directly adjoining was a glass-walled sun-room which held a second long table with seats. A third room was an up-to-date ward kitchen with sink, hot and cold water, electric stove, long cupboard and refrigerator. It will thus be seen that the management wisely devoted four ample rooms, including the sleeping-room of the teacher, to the exclusive use of this new department.

The schedule for the course was left entirely to the organizer; it was, of course, submitted to the authorities but was accepted absolutely.

The day's program was as follows:—The teacher went to the night-nurses' breakfast and from thence directly to the classroom. The time between breakfast and ten a. m. was spent in preparing work for the ward patients; at ten o'clock a large basket of work was taken to one of the adult wards where bedside teaching was carried on until noon. The dinner hour passed, the teacher returned to the classroom to prepare for the afternoon class. This class was composed of ten pupil nurses who were selected from various grades by the superintendent of the training school. The lesson period was from two to four o'clock p. m. The method employed with the nurses was this,—They were seated with loose-leaf notebooks at the class-room table, the subject of the lesson was put on the board, the aim was developed from the class. Each pupil was then given materials and directed how to proceed, the work being done in the sun-room. The last half hour was used in writing up notes. A list of all necessary materials was required, the procedure followed written so clearly that a stranger might make the article from these directions, patterns, when used, were included in the notes but so arranged that they might be removed for use, a careful estimate of all cost was added and last but not least, an illustration of the article. This picture might be a pencil drawing, crayon sketch, water-color, paper picture or photograph. The books were corrected and when completed at the end of three months, made a truly delightful volume on the great subject of Invalid Occupation. Thirty nurses were taught during the time and the fact that it was the same thirty constitutes a tribute to the administration of the superintendent of nurses. Thirty nurses divided into three sections of ten each meant that each nurse spent four hours weekly for three consecutive months in occupation study. To give this it was necessary to plan that no one out of the thirty should be called upon for night duty and that these nurses should be so placed in the wards as to permit of their attendance upon class without depleting the force on duty. This was no light task and, although conceded to be difficult, was finely sustained throughout the course. These nurses have regularly, two hours off duty time

daily and this was not changed excepting in one or two departments where the two hours dropped to one on these class days.

The nurses classes were held every day in the week, the time after class up to supper hour was usually spent by the teacher in arranging the next day's program and in entertaining visitors of whom there were many. The class-rooms were kept open every evening as a place where any nurse might work if she chose or enjoy the work of others. One evening in the week was reserved for the supervisors who felt interested to learn some of the many forms of occupation. A word of sincere appreciation is due to these same supervisors who invariably co-operated in the establishing of the work in the wards and were in every way helpful. No nurse was required to spend any time in the class-room except during lesson period but they flocked spontaneously to the rooms and few indeed were the evenings which did not show a good sized group of interested pupils.

The ward work was started in the women's medical and surgical wards and the men's surgical ward. This last is, by all reckoning, the hardest place in which to launch the work. The mental attitude of the male patients passed from indifference to ridicule, then to passive interest, then to eager co-operation. The attitude in the women's wards was always good. The two hours of ward teaching passed all too rapidly and was never anything like long enough.

At the end of the three months a fine exhibit was placed in Memorial Hall every article of which had been made under the roof of the hospital by patients or nurses.

No praise is too high for the fine spirit of co-operation shown by the members of the board of trustees. These active business men gave their time, thought, money and loyalty to the establishment of the occupation department and they voted it a success. It is a great pleasure to have worked with, and for, such truly appreciative gentlemen.

First in thought and strong in support of the work was the superintendent of the hospital, the late Dr. Frank Holt. To him much is due and the cause of Invalid Occupation must place his name among the list of its true friends.

SUSAN E. TRACY, R. N.

BY MARY BARROWS

[A nurse who took from the home to her profession a mind trained to be resourceful and hands trained for use; who in her profession considered nothing too small to be pressed into the service of resourceful mind and trained hands toward her profession's end—the establishment of a healthy mind in a healthy body wherever need exists.]

“**W**HAT first turned your attention to the value of occupation?” is the usual question that is asked Miss Tracy. Every nurse has known that illness and convalescence tax all her resources; every nurse has known that a patient's thought should not be allowed to dwell upon himself and his troubles. But here is a nurse who not only used scraps of waste paper, bright colored rags, bits of string, eggshells and orange peel to while away time, but who has added a new subject to the nurses' course of study, a subject now recognized as of great value as an aid to recovery.

When we look for the impulse back of Miss Tracy's specializing in occupation for invalids we find the most natural of causes. From childhood up the usual amusements in her home had been what the schools now call “handwork,” many hours being spent happily, for instance, in cutting from paper all the furnishings of the different rooms of a house. From combined motives of education and economy the four children of the family made all their toys and gifts, instead of buying. For entertainment, related objects were studied and were drawn. So when as a nurse Miss Tracy found herself responsible for removing the tedium of lagging hours, she turned to her own earlier occupations.

During her training as a nurse at the Mass. Homeopathic Hospital, Boston, (from which she was graduated in 1898) Miss Tracy says she always noticed particularly patients who during their stay in surgical wards worked at some individual industry with much benefit to themselves and to the spirit of the ward. One woman embroidered up to the minute she was taken to the operating room; another crocheted elaborate trimming while lying on her back after an abdominal operation; a third, a young girl who was the life of the ward, was constantly busy through a long illness that ended in amputation of a leg.

After graduation, among the first patients was a little girl at the hospital, and much time was spent on paper work, because the material was "on the spot." For several years of private nursing, occupational treatment both for children and for adults was the natural medium for such a nurse to employ. While carrying on the course of study in Hospital Economics at Teachers College, opportunities were taken for observation in the Manual Arts Department and in the kindergarten.

Directly from Teachers College, in July 1905, Miss Tracy went to the Adams Nervine Asylum, Jamaica Plain, Mass., to take charge of the training school for nurses. At that time the only instruction in invalid occupation was given by a student who came once or twice a week to teach a little basketry, chair-caning, etc. It was felt, however, that this was insufficient and a building was just started which was designed to provide a suitable room to which patients should be sent for occupational treatment. During the months occupied by the building of this house Miss Tracy was asked by the superintendent to teach the patients in her own apartment. Here they came daily and a great deal of home book-binding was done. Up to this time no nurse had been included in the instruction but as the new building was completed Miss Tracy felt that the privilege of study of occupations should be extended to the nurses as they would certainly need the knowledge in their private nursing after graduation. With the hearty co-operation of the superintendent, Dr. Daniel H. Fuller, now of Pennsylvania Hospital for the Insane, Philadelphia, Miss Tracy arranged a course for nurses to be given during the summer when other classes were suspended. This course soon became an all the year subject, every nurse receiving ten lessons. Miss Tracy taught the nurses' classes and many patients who were too ill to go to the regular room. The formal teaching of patients was done by the resident teacher who was in charge of the occupation room.

The work soon began to attract attention of other schools and illustrated talks, lectures and exhibitions were given in many institutions.

In "Occupation Therapy," in his historical sketch, Dr. Dunton has recorded that Miss Tracy was the first to give systematic training in Occupation. Previous to this time, 1906, interest in occupation had centered in the hospitals for the insane with the

AN INTERVIEW WITH MISS SUSAN TRACY

BY REBA G. CAMERON, R. N.

I found Miss Tracy, author of invalid occupation, at her home at 818 Centre Street, Jamaica Plain. Miss Tracy was expecting me, and when the car stopped she came with outstretched hands and conducted me to her quaint, old-fashioned home. A huge fire-place in one corner of the sitting room makes even a stranger feel at home, but Miss Tracy and I are not strangers, as we have been friends for a number of years.

Miss Tracy has a bright, spontaneous nature, and when one talks with her for ten minutes one realizes that she has one hundred per cent of enthusiasm for her work and that Invalid Occupation is part and parcel of her existence. "And now," I said, (after we had exchanged greetings), "tell me the latest in regard to your work—what are you doing and what do you hope to do this winter?" "Oh", she exclaimed, "I've been so busy since I saw you last and the work increases all the while. At present I am teaching once a week in the Massachusetts General Hospital, The Newton General, Dr. Ordway's Private Sanatorium, The Children's Hospital, and in the Tuckerman School for Social Workers. In February, I have a contract to spend three months in organization work at the Presbyterian Hospital in Chicago. Last Spring I went to the Michael Reese Hospital in Chicago and was there for three months, and it was certainly the most inspiring place that I have ever come across. The Trustees of the Michael Reese entered heart and soul into the work and not only gave freely of their money, but they spent hours at the hospital watching the work progress. They seemed more anxious for the poorer class of patients to have the benefit of the teaching than the wealthy, private patients, and a great deal of my time was spent with the non-paying patients on the public wards. "Money," said Miss Tracy, "why they think nothing of it out there and they were willing to buy anything in order to get the work underway."

The noon hour was approaching and Miss Tracy put on her hat and said to me, "Now you are to watch the potatoes and see that they do not burn while I go to the store for cream." I promised to attend strictly to the potatoes and in my heart I really intended

to do so, but I thought I could kill two birds with one stone and began looking over Miss Tracy's collection of rugs, baskets, toys, leather work, balls, etc., and the time passed so quickly that before long I heard Miss Tracy's voice sing out, "How are the potatoes?" Thinking of King Alfred and the cakes, I made a hasty retreat for the kitchen and found that my reputation was saved. They were not burned.

During lunch we talked of the war, the election, Billy Sunday, clothes, and woman's suffrage. Miss Tracy believes in suffrage of the non-militant type, she would like to have seen Mr. Hughes elected president, and she deplors the war in all its aspects.

Miss Tracy is a New England woman, born in Massachusetts. She was graduated from the Homeopathic Hospital in Boston some years ago and later accepted the position of Superintendent of Nurses at the Adams Nervine Hospital, Jamaica Plain where she remained for seven years. In February, 1912, she decided to devote the rest of her life to occupational therapy. Miss Tracy realized, before a great many others, that occupation is the beginning of cure, and with this thought in mind she gave up her position at the Adams Nervine to enter on the new and untried fields of introducing occupation in our general hospitals; and those of us who have the honor and privilege of Miss Tracy's acquaintance can vouch for the success of the movement.

Her experiment station, as she calls her home, is full of interest. As one enters the front door, the first thing that invites questioning is a table filled with stuffed animals of all sizes. "Oh," Miss Tracy tells you, "the children at the hospital take such delight in making these animals, and let me whisper the fact that some of the grown-ups are only children of an older growth for see these small wooden dogs,—they were made by a man in Hospital X. He makes dozens of them and they sell faster than he can make them."

We talked of ninety-nine different things during the afternoon, and the time passed so quickly that I had barely time to get my train back to Taunton when I finally came away. Incidentally, I will mention that Miss Tracey is firmly of the opinion that occupational therapy is the nurse's work, and she also believes that every training school for nurses should, as part of the curriculum, include a course in occupation. Miss Tracy's work is being recognized by people all over the country and her influence will live long after she has ceased to toil.

up in bed at night. Reading aloud, but not too long at a time, as listening tires a patient who breathes with difficulty. When able to tell you, write down facts in regard to places where he has lived.

Lesson X.

—Maternity case. Here we need little more new entertainment than the new baby, but the mother is often eager to collect information in regard to care of children. Start a baby's diary. Discuss children's clothing when older. Devise dainty ways of framing and making frames for the baby's picture to be sent to friends.

Space has been taken for this outline to show how full was its scope. If each nurse made every article listed under each lesson her time must have been fully occupied; if the work was optional, all special aptitudes were provided for. The list of articles for the first lessons alone included Eggshell baskets, cradles, pitchers, nests, moulds for blanc-mange; Orange baskets; Apple Jack-o'-lantern; Vegetable animals; Dishes from kid and leather; Rose-hip beads; Pictures from advertisements; Paper folding; Paper boxes, bags and Christmas stockings; Cut-out pictures; Scrap books; Paper furniture.

This course was, in general, the outline followed in Miss Tracy's book "Studies in Invalid Occupation" published in 1910. Variations in courses have been made in adaptation to the needs of special institutions—as for the Children's Hospital, Boston—or to suit the preferences of the head of some training school, but the underlying principles are all here.

After seven years the work had outgrown the Adams Nervine and a special location was necessary. To avoid confusion in the public mind, headquarters were kept in Jamaica Plain and "The Experiment Station for the Study of Invalid Occupations" was opened in March 1912 with Miss Tracy as director. Here instruction is offered to invalids, to public nurses and to graduate nurses. Complete records are kept of all work done anywhere under this direction. Models are exhibited and there is a limited salesroom.

Many single lectures and full courses have been given by Miss Tracy herself during the last half dozen years in different sections of the country. She has also given normal training so that

her pupils are extending the work in various centers. Exhibitions of articles made by invalids and by nurses have spread interest in this work.

Page after page could be filled with anecdotes full of human interest, stories that really thrill any compassionate heart with gratitude that there can be relief through employment for minds worn with the constant facing of increased disability and suffering.

Occupation having been proved to be a true remedial agent and remedies being most safely administered by trained helpers, the layman immediately asks why does not every hospital, every training school, offer such occupation, such courses for its nurses? The only objections that can be raised are material, such as, "No time for the course, no space for the work, no money for the cost." But once administrators have seen beyond any question that benefit follows occupation, these objections will become merely temporary and immaterial. No hospital can afford to be without any agency that will insure and hasten cures for its patients, or that will lighten the burdens of the incurable among them.

And even beyond the remedial and alleviating values of this branch of nursing there are almost limitless possibilities for education and for human salvage. Miss Tracy has not tried to train craftsmen or to teach trades, but she has apparently performed the mathematical impossibility of bringing something from nothing. Working with waste materials, with the worse than negative problems of illness and incapacity, the time-killer has become an educator both of muscles and of mind. The child kept from school by paralyzed limbs has been through toys taught history, geography, arithmetic, English, and even art, through the study of line and proportion. The adult with a broken wreck of a body, fit only for a place in the institutional scrap heap, has been given the means, sometimes of a livelihood, in many cases the ability for partial self support. These are results that speak equally to those interested in dollars or in souls.

MISS TRACY'S WORK IN GENERAL HOSPITALS

BY SARA E. PARSONS, R. N.

Superintendent of Nurses, Massachusetts General Hospital.

TEN years ago a movement started that is still unique, although in a fair way to become popular in the not distant future.

Occupation-therapy is not new as amply evidenced by preceding articles, which have appeared in the *QUARTERLY*.

Susan E. Tracy, R. N., graduate of the Boston Homeopathic Hospital found in her years of private nursing that all classes of patients, who were not acutely ill, were happier when their hands and minds were occupied. She observed that most patients did not take the initiative, that doctors did not prescribe occupation for the ordinary invalid, and that the nurse had the opportunity to meet the situation if she had the ability.

Miss Tracy, having not only the realization of the therapeutic value of occupation to the "down and out" patient, but the need in Nursing Education of this branch of instruction for all nurses, seized the opportunity of establishing such a course when she became superintendent of the training school for nurses at the Adams Nervine Asylum in Jamaica Plain, Mass.

This course of instruction was not in connection with the ordinary occupations designed for nerve or mental cases, but was planned to prepare her pupils adequately to meet the needs of all types of patients.

One of the fundamental principles of Miss Tracy's teaching is the utilization of waste materials; another is the adoption of the occupation to the condition and natural taste of the patient.

Lessons were given demonstrating work for men, women, and children; for one armed patients; isolation cases; prospective mothers; chronic invalids who regard themselves as discards in the rubbish heap of humanity, etc.

A premium was put on originality. In a short time Miss Tracy had an attractive exhibit of articles that illustrated her lessons and she was invited to display it in several cities.

She felt from the first that her type of work was needed as much in general hospitals for the well being of the patients and as part of the education of the pupil nurses, as it was in nerve and mental hospitals.

The first lessons given to general hospital nurses were given to the Senior Class at the Massachusetts General Hospital in 1911. Since then the lectures and practice work have been introduced much more thoroughly into the curriculum of the Newton Hospital nurses and recently at the Michael Reese Hospital in Chicago.

Lessons have been given for several years by Miss Tracy to the patients and nurses at the Huntington Memorial Hospital for cancer patients, and the last days of many incurables have been made happy by interesting occupation and a sense of having performed some useful service; for the work of these patients is usually saleable.

The joy of one man who earned the price of a barrel of flour for his mother shortly before his death was touching in the extreme.

A demand for teachers of invalid occupations has developed quite beyond the number of persons qualified to meet it.

Miss Tracy has long since given up her training school superintendency in order to devote herself entirely to the development of Invalid Occupations, and the preparation of teachers for the work.

This year she is giving a systematic course to the Student Nurses in the Children's Hospital of Boston. Practice work is done with the ward patients. Two large general hospitals in Chicago have invited Miss Tracy to give lessons to their patients and nurses as the results of her work at the Michael Reese Hospital, which so clearly demonstrated the value to be gained from such courses.

Miss Tracy's studio is in a quaint little house about 200 years old, situated on Centre St., Jamaica Plain; and if a visitor is fortunate enough to find Miss Tracy in, he is well repaid for whatever effort he has made to get there.

Miss Tracy brings to her work an ardent faith; exhaustless enthusiasm; originality and vision, and if she is spared a few years more, she will see her vision of busy, happy invalids, all over the country, reinstated in their own esteem a blessed reality.

double motive of diverting the patients' activities from harmful outlets and of saving money for the institution through the labor, in some cases from the exploitation, of the patients with no consideration of the results to them.

It should always be remembered that in Invalid Occupation, the branch of nursing as developed by Miss Tracy, *the patient is the product*, not the article that he makes. The latter is merely the by-product and from the point of view of the craftsman it may be excellent or quite the reverse. If the patient's condition is improved, the work is good. A patient who is seriously ill must not be taxed with anything but a "trifle."

Examination of the first course given at Adams Nervine shows that it was no accidental grouping of trifles, however. Any person trained in crafts may be able to teach them, but the trained nurse must adapt them to the invalid. Knowledge of anatomy, of disease and its progress, of the reactions between mind and body, all are needed to guard against the grave dangers of unfit occupation. The wrong piece of work, or the right one at the wrong time, may be as grievous in results as the administration of the wrong medicine. Imagination plays a leading part, too, in choosing such occupation as shall awaken interest and so hasten the return of normal life to the spirit.

This first course was planned for convalescents. A condensed outline follows:

Lesson I.

Child of four years recovering from pneumonia. Poor family. During first week of disease too ill to be entertained. Rapid recovery when started.

Lesson II.

Girl of twelve years. Hip disease. In Bradford Frame. Family in moderate circumstances. Long case. Child uses arms freely except that lying on back, motion is somewhat interfered with.

Lesson III.

Boy of seven years. Scarlet Fever. Wealthy family. Points to consider;—contagion—how disease is spread, long duration. Remember that although the objects must be destroyed the ideas are permanent. *Teach something of value.*

Lesson IV.

—Girl of sixteen with Fractured Femur and Left Radius. Family in moderate circumstances. Six to eight weeks illness. This is an exercise for occupation with right hand only.

Lesson V.

—Boy of ten years. Mastoid Case. Comfortable circumstances. Severe pain, at first too great for entertainment. Later can be amused by non-exciting occupations. Must not put too great a nerve-strain on patient. Do not attempt finely co-ordinated movements or occupations requiring eye-strain.

Lesson VI.

—Young woman recovering from operation for appendicitis. Drainage keeps her in bed for much longer period than after clean operation. Can use arms and be bolstered up a little. Feels fairly well. May be in bed three or four weeks.

Lesson VII.

—Old Lady. Rheumatism in lower limbs only. Can be bolstered up in bed the greater part of time. Old ladies are usually pleased to find that young nurse is capable of the things which she was taught when she was young. Nearly all old ladies like to see *old* material converted into something useful. Turn to account that which would otherwise be thrown away. This appeals to both rich and poor.

Lesson VIII.

—Man (Middle Age) Typhoid. Convalescence only time when entertainment is permitted. The days are particularly irksome to such a patient. Reading aloud will probably be enjoyed if well carried on. When sufficiently strong *plan a house*. Nearly all men have decided ideas in regard to building. *Read up on gardening*. If at all adaptable to the patient's circumstances plan a garden and possibly start seedlings in the house if proper time of year.

Lesson IX.

—Old man, heart disease. Sits up most of the time, bolstered

MINUTES OF THE THIRTY-THIRD MEETING OF THE MARYLAND PSYHIATRIC SOCIETY

THE 33d meeting of the Maryland Psychiatric Society was held at the Government Hospital for the Insane, Washington, D. C., in conjunction with the Washington Society for Mental and Nervous Diseases.

After luncheon the meeting was called to order at 2:55 by Dr. Barton, President of the Washington Society.

Dr. Shepherd Ivory Franz gave a talk on Cortical Motor Control. He stated in part that thirty or more years ago Golts had extirpated the motor area of a dog and produced hemiplegia. In a relatively few weeks the animal recovered. Subsequently, it was discovered that when the motor cortex of the monkey was destroyed recovery required from five to seven months instead of weeks as the dog. It was at first thought that the fact that the animal recovered function indicated the double role of the motor cortex of the two sides and that when the left cortex was destroyed the right cortex assumed its functions. That this is not true has been shown by experiment that after recovery if the right motor cortex is cut out causing the left side to become hemiplegic recovery takes place in from five to seven months in monkeys.

Dr. Franz then exhibited three monkeys whose motor cortex (precentral area) had been destroyed on both sides. In the largest of these the left side had been operated upon about the first of June, producing right hemiplegia. Recovery had followed in from eleven to twenty-one days. About the first of July the right motor cortex was destroyed. The destruction in all cases being produced by the electric thermo cautery. He called attention to the fact that this monkey at the present time did not use its left arm and leg as freely as the right, that when food was offered to him on the left side he reached the right hand over the left side and that the left arm and leg were used more as props.

In the others: number 2 showed a wrist drop and little strength in his hands, as in picking up food he was apt to take up sawdust with it. The other one had been operated upon at the same time, recovered more quickly, was now nearly well.

Number 2 also tries to get food with the mouth. Number 3 acts somewhat better and holds with the left hand which he prefers. Number 2 seems to have little strength. Number 3 seems to be all right. Number 1 when stimulated would take hold of a stick with its left hand.

It would appear from these experiments that for the carrying out of voluntary movements the cells of the motor cortex are not necessary.

It had been discovered by Von Monakow that from 25 to 33 per cent of the fibres of the pyramidal tract do not degenerate when the motor area is destroyed. The question is whence do these fibres come? Various observers have suggested that they may come from the frontal or parietal region, or the striate body, or the cerebellum. Are these movements voluntary? If so, we must change our conception of the role of the motor cortex. We have no right to say that these fibres have any known function and are only justified in saying that the fibres are there. It would appear from these experiments that the whole question of cerebro motor control needs reinvestigation.

In discussing this paper Dr. Gillis said that he was interested from a neurological viewpoint, that Wilson had described cases in which there was a lesion of the lenticular nucleus with accompanying marked changes of movement and muscular tone followed by death in two or three years. Here we had a lesion of a part of the brain extra pyramidal producing extensive motor changes. Lesions in the region of the ophthalmos and corpus pallidus produced symptoms similar to paralysis agitans. All of the cases of Wilson's disease which have been reported have occurred in young persons. Dr. Franz's work opens up the question of motor control. The speaker feels that the basal nuclei probably have a great deal to do with motor control and he is trying to study his cases from that standpoint—that is, as extra pyramidal. He has found a number which are not explained.

Dr. Kempf stated that he had noted that the operation which had been done had not affected the social adjustment of the monkeys, that the No. 2 monkey waited for the No. 3, which was apparently the stronger from a social standpoint. Hence we must look elsewhere for lesions causing social mal-adjustment.

Dr. Taneyhill said that he had observed a few cases clinically of paralysis of certain voluntary movements where the pyramidal

tracts were supposed to be intact and gave as an example a case of peripheral neuritis where there was paralysis of the tibialis anticus but restoration of the function had taken place. This had been accomplished by rather violent electrical stimulation of the electric motor point. He believed that the individual had lost a certain sensory memory of the muscle which had been restored by the violent stimulation. For example, in a case of alcoholic neuritis from five to ten minutes of this treatment had been given where the muscle had not been used for four or five months with restoration of the function. He stated that when our hands become cold and we lose a certain amount of function because we say they are numb that it is because of a lack of afferent impulses coming in and that there must be a cortical memory.

Dr. Stuart asked what had been shown by autopsies of other monkeys?

Dr. Franz in closing said that six monkeys had been operated upon and that autopsies had been made on three. In all cases there was complete destruction of the motor area. In two of these the area burned dropped out three or four days after the specimen had been placed in formalin. Monkeys 2 and 3 had been so hemiplegic that they drooled. They had been forced to use the hemiplegic part by having the sound side restrained and had also been subjected to regular and rather active stimulation.

Motor disturbance may come from a great variety of lesions. We are not certain how much of the lesion is sensory and how much motor and he believes that we are dealing with the brain too simply. In these cases we have to deal with voluntary motor control which is not only precentral but very complex. Dr. Taneyhill had brought up a number of matters which he hesitated to answer. Motor deficiency was due to other lesions than in the pyramidal tract or motor area.

Dr. Edward J. Kempf read a paper upon The Biological Foundations of Paranoia to which justice can not be done in an abstract.

Dr. White stated that it was not an easy paper to discuss, especially as it presented a case, but he felt that the conclusions were orthodox. Dr. Watson was now beginning to approach Freudian psychology along neurological lines. He felt that we are still on more or less safe grounds in using psychological language rather than neurological, and called attention to the broad-

ening out of psychology emphasized by Meyer some years ago which brings human behavior into a whole. These frustrated biological symptoms are exceedingly important because they often become anti-social. It will be interesting to watch how the man is able to come out unassisted from his trouble. The most important aspect of the psychoses is their social aspect.

The case was also discussed by Drs. Hickling and Taneyhill.

Dr. Kempf in closing said that psychoanalysis was a physiological procedure in which the individual was able to recall conscious experiences and so get control over these functions again.

Dr. J. Ross Chapman then read a paper entitled, Case of Mixed Neurosis Treated by Psychoanalysis, which was discussed by Drs. Kempf, White and Chapman.

Dr. Dunton then expressed the thanks of the Maryland Society for their entertainment and stated that the Washington Society would shortly be invited to hold a meeting at which the Maryland Society would act as hosts.

Those present from the Maryland Psychiatric Society were:

Drs. H. E. Austin, L. H. Gundry, W. R. White, G. L. Taneyhill, G. F. Sargent, W. L. Bullard, A. C. Gillis, H. D. Purdum, D. D. V. Stuart, W. R. Dunton, Jr.

Those present from the Washington Society were:

Drs. White, Hickling, Shute, Lee, Randolph, Hough, Madigan, Franz, Glasscock, Barton, Bullard, Lind, D. J. Murphy, Steltz, John Murphy, Kempf, Chapman, Bishop, Pfeiffer.

A NEW JOURNAL

THE National Committee for Mental Hygiene has announced the publication in January of a quarterly to be called *Mental Hygiene*. This will present in as non-technical a way as possible, articles on the practical management of mental problems in all relations of life. We are glad to welcome this newcomer and wish it all kinds of success.

ANNOUNCEMENT

IT is always a good thing to get together and talk things over, and a greater good if our talking results in things being accomplished. Sometimes troubles will cease to annoy us, after we have discussed them with a sympathetic friend. Again, we are stimulated by the enthusiasm of another to attack with renewed interest the tasks which were becoming irksome. Probably there is no class of workers that needs the benefits to be derived from conference more than teachers. We know that many opportunities for this are given to those in our public schools, and that they are constantly being instructed and stimulated. It seems somewhat strange, therefore, that the teachers who have a greater mental strain placed upon them, because they are dealing with abnormal personalities, should not have better opportunities for self improvement and inspiration in their specialty. It is unnecessary to attempt to place the blame for this condition of affairs, because such an attempt would be profitless. We believe that all will agree with us when we say that success in any field of endeavor must be preceded by an active spirit of co-operation in all of the workers. Heretofore too few opportunities have been afforded ergo therapists to meet and exchange views. Reasons for this are not difficult to discover, but it is not our purpose to discuss the causes why occupation teachers have not been more frequently in conference but to propose a remedy so that hereafter all who are interested in work as a therapeutic agent shall meet together or have some other means of contact. Some time since we received a letter from Mr. George Edward Barton, Director of Consolation House, proposing that an association be formed of those interested in the therapeutics of occupation. After some correspondence on the subject, the following plan of organization is proposed. There shall first be a National Committee of workers in this field to consist of Mr. Barton, the writer, and Miss Susan E. Tracy, Mrs. Eleanor Clark Slagle, Miss Susan C. Johnson, if they will serve. These to act as a national clearing house with Consolation House as headquarters, and to incorporate, under the laws of New York, the National Society for the Promo-

tion of Occupational Therapy. The committee will also formulate a model constitution and plan, under which local chapters or societies can be formed, which will be privileged to call upon the National Committee for information, suggestions, and such other aid as may be found necessary. Members will receive the QUARTERLY free, and in this department of Occupations and Amusements will be published information which will be of benefit to all. Other details of this plan will be worked out in due time as the necessity arises but the first step is to *get together*, so that we want expressions of opinion from all who are interested in this subject. It should be understood that this is to be an association of those who are interested in occupation as a therapeutic measure but who are not necessarily craft workers. Your letter may be addressed to Mr. George Edward Barton, Consolation House, Clifton Springs, N. Y., or to the undersigned at Towson, Md.

WM. RUSH DUNTON, JR.

OCCUPATION AND AMUSEMENT

(THIS DEPARTMENT UNDER THE SUPERVISION OF DR. WM. RUSH DUNTON, JR.)

IN the October, 1913, issue of the QUARTERLY there was published a Bibliography of Diversional Occupation which was apparently quite complete as but one addition was sent to us in response to our request for titles not included in the list. We now know, however, that a number of older papers were not included in this nor in the supplementary list which was published in the October, 1914, number. During the past three years there have been a great many papers published on this subject and we have recently received a request to bring our bibliography up to date. From the fact that papers have been published in periodicals of widely different character it has been extremely difficult to keep track of them and now and then it is only by chance that a paper has fallen into our hands. In the following list it has been thought more convenient to arrange the authors alphabetically rather than chronologically as was done in the original list. We hope that any omissions will be supplied by our readers to be published in a later number.

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THE NURSING SITUATION AFTER THE WAR

Sara E. Parsons,
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? 1919

During the war when nursing schools were doing their utmost to meet the demands of the Army and Navy as well as those of civil hospitals and the public health field, it was thought by many that after the war there would be such a surplus of nurses that the condition might be embarrassing.

Such, however, has not been the case. Never has there been such expansion in the field of nursing activity. Overseas nurses have gone into the public health field by hundreds. The Red Cross is employing nurses at home and abroad in large numbers while carrying out the health program of so-called peace times.

Nurses with a normal school or college education are being sought by colleges and school boards to take charge of Nursing and Health Departments, and of the health of students in all kinds of schools.

Hospitals are requiring more and more graduate nurses as administrators, anaesthetists, x-ray and laboratory assistants. During the war many nurses assumed the positions of executive assistants in large hospitals in place of the doctors who went overseas and they have been so successful that with the dearth of desirable medical applicants for these positions it seems likely that the nurses will be retained.

Nursing schools are rapidly being established in connection with state universities; the United States Army has

made the nursing school a permanent part of its organization. New hospitals are multiplying, old hospitals enlarging so that the need for nurse executives and instructors, both theoretical and practical, was never so great.

Well trained nurses are now scarce in the home nursing field as everywhere else, and the shortage of student nurses throughout the country is said to be appalling.

As usual in any emergency there is a strong tendency to take a short cut to meet the situation. Many are advocating very short courses and recommending easier educational requirements in nursing schools. Anyone who ~~has~~ studied nursing history and knows anything about the situation knows that such a policy would be suicidal.

It is undoubtedly a time for careful analysis by experts and for constructive action. It is a time when personal and selfish motives must be put aside, and as health is a community interest, the community, with members of the medical and nursing professions, must coöperate in readjusting preconceived ideas about nurses' work and nurses' responsibilities as well as methods of hospital administration and nursing school curricula.

Fortunately that great benefactor The Rockefeller Foundation has interested itself in the matter and has a well selected committee making a serious study concerned with the education of public health nurses, hospital superintendents, professional nurses, and social workers.

When that research is completed and the report published we may hope for a better general understanding of the situation as it is, and of what should be done to improve it.

The writer believes that there will be model endowed schools established in the future that will demonstrate nursing as a quite independent profession which must be directed by experts in the profession. It must be disentangled from domestic labor on one hand and from medical domination on the other.

The nurse has a quite distinct field from the household servant and from the doctor. Her work can correlate with both as it can with social workers, dietitians and the various therapeutic practitioners who have sprung up in the field of medicine. The education of the professional nurse can never stop at specialization in the beginning. She must have her substantial theoretical ground work and her practice must be broad and general enough to include an intelligent understanding of normal physical and mental conditions as well as familiarity with abnormalities; it must include a fair knowledge of contagious, tubercular and psychiatric nursing, as well as of medical, surgical, pediatric and obstetrical nursing.

This experience can only be given student nurses by eliminating every superfluous kind of "duty" now commonly included in a nurses' course. This can only be done when schools for nurses have their own endowments and are independent of the hospital treasury.

When this kind of an education is made possible we shall have nurses for nursing work in all kinds of institutions.

This paper does not pretend to solve any of the problems arising from the situation because that would involve a discussion of legislation, health insurance, the training of attendants and the enlightenment of the whole public as to its relation to hospitals and nursing schools.

The fact that experts are at work on these problems is the important and most encouraging bit of knowledge at the present time. The trend of events promises a more intensive study of community needs, a closer coöperation between community groups and an effort to create a service that shall be inclusive rather than exclusive.

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1 School of Nursing

